### STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH Thomas 1. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)

	1	E		MAITE	MONT	30 07	76	YRS	DAYS HOURS	MIN.
7	70. BIRTHPLACE (57	ATE OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	_		MD.
1	BEHMEN		(IF NOT IN SUC	H FACULTY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			
7	Maryland	13.78 (C. Carlotte	more	ESSEX 2		YES NO EX	13e. SIPEET ADDRESS	sel Rd.	218	91
P	4. FATHER'S NAME Willi	am Hall	Abbott	LAST		15. MOTHER'S MAIDEN NAV	14 IDD LE		LAST	
	Yes NO DE UNESCO	EVER IN U.S. ARM	119 PORCES?	216 16		Frances Abbo	ott, Wife	Same		Sal
	18 CAUSE OF PART I DE	DEATH (Enter only TH WAS CAUSED IMMEDIATE	CAUSE (o)	line for (a), (b), and	- A2	rest			APPROXIMATE INT BETWEEN ONSET AN	ERVAL ID DEATH
			(b)_		mate	ad Carcinom	a			
	PART 2 OTHE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN I							PART 1/01	
2	The DATE OF C	7/25/2				tos cull nous	YES NO		RE FINDINGS USI CAUSES OF DEA NO	ATH?
	OFCOMBURGOS	FASTINGERETING C	21s TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED .( ENTER NATURE OF INJ.	IRY IN ITEM TO PART I C	OR PART 2)	
	WHAT AL WORLD	CCURRED HOT WHILE	71s. PLACE :	OF INJURY RET, FACTORY, OFFICE, FA	NBM, \$3C.)	21f LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE
	saw the d above (1)	eceased alive on we)[did][did not]	8/11	19_4		nd that in (my) (our) apinian c	, to			stated
-	2% SIGNATU	JOSE ST	hay	gez	- 1	ATTENDING PHYSICIAN DDRESS	MEDICAL STA DIRECTOR PHYSI	FF	221. DATE SIGNED	) 
		Tose 1.	PR	wz-		North Cha	ses ben.	Hospita	1	
	Burial CREMA	TION, REMOVAL	8/15/	83 Ho	lly H	EMETERY OR CREMATORY				STATE
(	Diuzdzins	he Funera	Horse	PA 1407	01d I	Eastern Ave AU	6 1 6 1983	25b. SISTRAR'S	3 SIGNATURE	et

MONTH

8

DAY

11

YEAR

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

BP

TO JIDSPITAL

ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: J should be detached for use with the State Dept. of Heal IMPORTANT: If hem 21 is

- 1 Tions . Letterion " And the state of t 1 John T was else agodin months and the control of the contr the state of the s

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. H
111	(PE OR PRINT)	EL E. ACK	LER	AUGUST 24,	1983 11
3. S	EX	4. RACE 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UN
	Female	White Apr		86 YR	RS.
25 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76, CITIZEN OF WHAT COUNTRY? 8.	IED IX NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	CITY OR TOWN OF DEATH	USA WIDON		Baltimore	City
7 B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAI	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKIN Homemaker	NOTIFE) INDUSTRY
<b>愛</b> 夕 130	STATE 136 CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION UNITY 130. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	3501 St. Pa	aul St. 212
14	FATHER'S NAME FIRST  Augustus	MIDDLE Creighton	15. MOTHER'S MAIDEN NA	ME	Bennett
lea lea	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
ale.	No	705 05 0011	Paul L. A	ckler,	Same  APPROXIMATE IN BETWEEN ONSET
ther	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
ws ony injury, or other	underlying couse lost.  PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BE	a lune	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS U
8 shows ony injury, or other	underlying couse lost.  PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BE  196. CONDITION FOR WHICH OPERAT  216. TIME OF INJURY	ON WAS PERFORMED  21c HOW INJURY OCCUR	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS U RTIFYING CAUSES OF DI YES NO
em 18 shows ony injury, or other	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BE  19b. CONDITION FOR WHICH OPERAT  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	ON WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS U RTIFYING CAUSES OF DI YES NO
med or from 18 shows ony injury, or other	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BE  19b. CONDITION FOR WHICH OPERAT  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	ON WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS U RTIFYING CAUSES OF DE YES NO
- 6 13	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE ALWORK ALWORK  22a 1 certify that (I) (this had	19b. CONDITIONS CONTRIBUTING TO DEATH BE 19b. CONDITION FOR WHICH OPERAT  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  spitol) oftended the deceased from	216. HOW INJURY OCCURI	200 AUTOPSY? 200. IF IN CE  YES NO NOTE: N	YES, WERE FINDINGS U RTIFYING CAUSES OF DE YES NO A18 PART 1 OR PART 2)  COUNTY  , 1983, that (I
Hem 21 is marked or Hem 1	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE AT WORK  22a I certify that (I) (this has sow the deceased alive above (I) (well did) (did)  22b. SIGNATURE	19b. CONDITION FOR WHICH OPERAT  19b. CONDITION FOR WHICH OPERAT  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15  21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  spitol) offended the deceosed from 19 not) view the body offer death.	21c. HOW INJURY OCCURR  21f. LOCATION STREET  ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY? 200. IF IN CE  YES NO NO NOTE: NOTE	YES, WERE FINDINGS U RTIFYING CAUSES OF DE YES NO A18 PART 1 OR PART 2)  COUNTY  , 1983, that (I
MPORTANT: If hem 21 is morked or lifem 1	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOTIFY NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOTIFY HOT (II) (this he sow the deceased live obove, (I) (well did)) ide obove.	TCONDITIONS CONTRIBUTING TO DEATH BIT OF THE PROPERTY OF THE P	21c. HOW INJURY OCCURING 21f. LOCATION STREET 21g Sond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY?  YES NO NO NO TO THE MEDICAL  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF	COUNTY  1983, that (I hour and from the causes)  22c. DATE SIGNI

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Armel & 150 150 1500	ons Co.		VOICEH

# IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

8 0

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	EASED NAME	FIRST	A	AIDDLE	L	LAST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	OR PRINT) AT	HER	VA	ACTI	DA		8-18-83			930 Pm
3. SEX		W. J.	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE		WHI	1E		1009	XXXX 74	YRS.		
	RTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF		MARRIE		9. BALTIMORE CITY		Y OF DEATH	
70.00	Greece		Gree		WIDOWE	DR OTHER INSTITUTION	120. USUAL OCCUPAT	ITY	10, 20,00	F BUSINESS OF
10. CI	Y OR TOWN OF DEA	III		H FACILITY, GIVE STA		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST			L BOSINESS OF
BA	LTIMORE C	MY		URSING		BC.H.	Homemaker		312	
USUA 13a. S	L RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION,	13c. CITY OR TO	FORE ADMISSION)	113d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
1	ryland	V	timore	Dunda		YES NOXX	6515 Clex	reland	Ave 21	222
-	THER'S NAME					15. MOTHER'S MAIDEN NA	ME	0 2 0 2 1 0		
E	XXXXXXX V		os Liako	ou LAST		EleniNioni	.ou		LAS	T
	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
(Y	ES, NO OR UNKNOWN) NO	(IF YES, GIV	E WAR OR DATES)	N/A	A	Steve Zaffiri	s6515Clevel	and A	ve 2122	2
	18. CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a) (b)	and (c)					MATE INTERVAL
	PART I. DEATH W	AS CAUSE	D BY:	1 1	0:10.40	A NICHAR	SCLERO	SIA26		Thora.
	2020	IMMEDIAT	TE CAUSE (0)	~ TNI	P HO M	A IV HOD STIKE	30.			
			DUE TO, O	R AS A CONSE	QUENCE OF					
	Canditions, if any, gave rise to imm		(b)							
	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse	1031.	( (c)							
7	PART 2. OTHER SIGN	VIFICANT (	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	IDITION GI	IVEN IN PART 1	o .
CERTIFICATION										
Q V	19a DATE OF OPERAT	TION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDING CAUSES	
E							YES NO		ES 🗌	NO 🗌
CER	210. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
AL	OR CONTRIBUTING (		AIH .	M. MONTH	DAT TEAK	and the second				
MEDICAL	216 INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION			COUNTY	STATE
N.	WHILE NOT WE	HILE	(AT HOME, STI	REET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WO				15-1	ane 83 10	1. 10	O.	10 P 3	that (I) (we'll la
	22a.1 certify that (1) sow the decease		1 65 60			and that in (my) (euc) apinion	death accurred on the c	date and ha		
	above, (f) (we) (d	did) (did no			/, <u>`</u>				22c. DATE	
	226. SIGNATURE	10		1	0	DEGREE ATTENDING	_ MEDICAL _ STA	FF	ZZC. DATE	SIGNED
	Come	nou	2/3202	ream	m	PHYSICIAN	DIRECTOR   PHYS	CIAN	1/90	2483
	226 PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e. ADDRESS		1/		7
	FC	RI	1 1	Mak.	. 🔥	12	1/1	. 1.1		
	1,01	INEY	4CHT	m me	10	BALTIMO	ore city	140	SPITAL	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	701	1/	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	140	SPITAL	STATE
23e. E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 8-22-	12	1/	Hi11	Glen Bur		A.A.	Md
24 FU	SPECIFY)		8-22-	83	Cedar	Hill 25e. DA	CITY OR TOWN		A.A.	Md

DHMH - 16 50M 4/B2 (VRA 15, 4)

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A CONTRACTOR				
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	2222	Colombia des	An employees	it ell is
	to married to	ALL COMMENTS IN THE PARTY OF TH		

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	D.		
	I. DECEASED NAME			LAST	20. DATE OF DEATH		YEAR	2b. HOUR A
	(TYPE OR PRINT)	JAMES	L. A	DAMS	AUGUST 3	, 198	3	12:45
	3. SEX	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	В	lack		57	YRS.		
1	TO BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	-		
K	Maryland	υ.:	S.A. WIDOW	_	BALTI	MORE	CITY	MD.
3	BALTIMORE		HOSPITAL, NURSING HOME ( HEACILITY GIVE STREET ADDRESS)  OHNS HOPKINS		12e USUAL OCCUPATION OF OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR
5	Maryland	g home or other institution 3b. COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS	Dall	as St	. 21213
11	14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE		LAS	
4	Ovie	L.	Adams	Marie			Pie	rce
		U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE			
	Yes		212-20-4675	Evelyn Per	ry 150 N.	Edge		
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter anly ane cause pe	line far (a), (b), and (c).)	0	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
		MMEDIATE CAUSE (a)	Cardiopulmo	non Unes				
	1991	DUE TO, C	R AS A CONSEQUENCE OF					
	Canditians, if any,		Metantall	c Cancel			-	
	cause (a), stating		R AS A CONSEQUENCE OF					
	/ /	(c)_						
		FICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	I IN PART TIC	a
3	190. DATE OF OPERATI	ON LIP COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120b. IF YES. V	WERE FINDIN	NGS LISED
	E INCOME OF OFERALL	178. COND	THORY OR WINCH OF EXAME	NA WASTERI CRIMED		IN CERTIFY II	NG CAUSES	
1	210. ACCIDENT WAS UNDE	RLYING 216. TIME C	DE INJURY	21c. HOW INJURY OCCUR		YES	1 1 OR PART 2)	NO []
Ĺ		AUSE OF DEATH HOUR A	M. MONTH DAY YEAR		THE TENTENT OF THE OF			
	CIFETHER, NOTIFY MEDICA		M. 19 OF INJURY	21f, LOCATION				
	WHILE I NO! WHIL	E (AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		71	\$ 19 8 7	3 . 4/3	10	83	that (I) (we) last
1	saw the deceased	this hospital) attended the	27'	and that in (my) (aur) apinian	death accurred an the de	ate and havr c		, , ,
	abave, (1) (we) (di 22b. SIGNATURE	d) (did nat) view the body	after death.	DEGREE			22c DATE	SIGNED
	S1	acioira		AATTENDING	MEDICAL STAI		121	2/82
-	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)		PHYSICIAN [			LTO!	21205.
	Mindy	Shapi	0.0	Johns t	tupkins 1.	tospito	11	MD.
f	23e. BURIAL, CREMATION, R			CEMETERY OR CREMATORY	23d LOCATION	100111		
	SPECIFBURIAL	8/8	/83 Md. V	Veteran Cem.	. Crownsv	ille	COUNTY	. M.

BP. DHMH - 16 50M 4/82

Wm C March F/H Inc.1101 E. North Avenue

AUG 5

Cem. Crownsville

250. DATE REC'D. BY REGISTRAR

AUG 5 188

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept, of Health and Mental Hygiene prior ta bur TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Item 21 is

The Board of the Control of the Cont TO A SECOND TO THE SAME THE SAME nd firemigration and apparatus city 61615

and completely filled in by the funeral director lages 1 and 2 shauld be filed within 72 hours of

within 24 hours ofter

executed

requires that the death certificate be

TENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

## FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ADHYGUNE

6 2 O

	1 -	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEA	TH		REG. N	Ю.	19			
	1. DEC	CEASED NAME OR PRINT)	Joseph	nine	F.	Ad	am		20 DATE OF	DEATH	MONTH S	DAY	PEAR S	26 HOU	15 K
1	3. SEX		T	4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIR	THOAY)		ER 1 YEAR	IF UNDER	24 HRS
ı		Female		Wh	ite	Aug		907	76	100	YRS.	MONTHS	OAYS	HOURS	MIN.
1	CO	RTHPLACE (STATE OF			WHAT COUNTRY?	8 MARRIE	D NEVER MARE	RIED 🗆	9 BALTIMO					143	
4		Marylan			S.A.	WIDOWE	California			timo			r. M		MD.
		Baltimo	re	1000 S	s Memoria	I Hom	ROTHER INSTITUT	21220	120 USUAL ( ITYPE OF WORK HOUS	FOR MOST	OF WORKING		DUSTRY Hom	F BUSINE e	55 OK
	130. S1 Mai	ryland	13b COUN 212	TY.	Baltime	/N	13d. INSIDE CITY L YESXXX NO			Ellv	vood	Ave	. 2	122 <sup>L</sup>	ł
1	14. FA	Joseph	TAJ: Î	lliam	O Ne:	; ] ]	15. MOTHER'S MA	IDEN NAM	ΙE	MIDDLE			P.O.	ltz	
1	16a W	AS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	a		ADDR	ESS				
ı		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	100000000000000000000000000000000000000	2809	Ella V.	Rob	inson	7710	Mid	ddle	2123 sex	Pla	ace
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)								1 /	APPROXI BETWEEN C	MATE INTER	VAL		
١		PARTI. DEATH WAS CAUSED BY:  [ CONGESTIVE HEART FAILURE								3	000	15			
		4272			OR AS A CONSEQU	ENCE OF	VD						10	10	0
		Conditions, if a gove rise to i couse (0), sto	mmediote	(b)_	OR AS A CONSEQU		U						10	YN	3
		underlying cau		(c)_	DR AS A CONSEGO	ENCE OF				11-2-1					
	NO	PART 2 OTHER SI	GNIFICANT	ONDITIONS	ARKIN	SON		THE TERMI		E OR CON	IDITION G	IVEN IN	PART 1(c		
1	CERTIFICATION	190 DATE OF OPE	RATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTO	PSY?	IN CERT			OF DEAT	H?
10		210. ACCIDENT WAS I	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH D		21c. HOW INJURY	Y OCCURRI	ED (ENTER NA	TURE OF INJU	JRY IN ITEM 18	B, PART 1 OI	R PART 2)		
	MEDICAL	(IF EITHER, NOTIFY ME			OF INJURY	19	21f. LOCATION								
	ME	WHILE NO	WHILE WORK		TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET			CITY OR TO	WH	co	UNTY	ST	ATE
			ased alive an	A 110		20	nd that in (my) (aur	9 <u>74</u> ) apinian d	, toA leath accurre	d on the c	late and h	., 19_2 our and	fram the	that (+-(v	ve) last oted
		77h SIGNATURE	- 1	,-1	7	- 13	DEGREE	NDING .	MEDICAL	STA		2	2c. DATE		
		John	F. 17	anne	~ /	1.P.	PHYS	SICIAN X	DIRECTOR	PHYSI	CIAN		8-1	1-19	83
		COH!	V F.		TMAN		CONTIN	SH	EMORIA.	1/1	000 5	S-CA	TON	AVC	2,
	230 B	URIAL, CREMATIO	N, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREA		23 d. LOC A			COUNT		2122	7
		Burial		Aug. 1	5. 83 G	arder	s of Fa	ith	Ba	ltin	ore		M	D	317
	24. FU	INERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY R			STRAR'S	SIGNAT	URE	
	W:	illiam :	E. Joh	nson8	521 Loc	h Ray	ven Blvd	LAU	6151	903	John	m	6	nuly	•

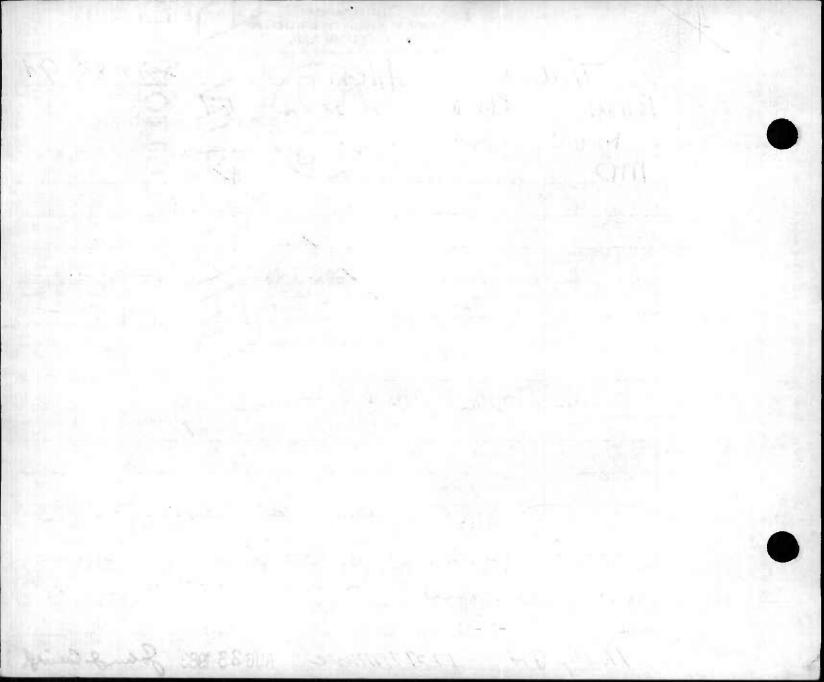
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

Joseph J. . . ethicool The late of the la Angeld Commenced Water the transfer of the control of CONTRACTOR OF THE STANDARD CONTRACTOR OF THE STA SAY AND SEED OF A STREET AUC 11 - 8 14 BL - 24 AW 14 - 183 form F. Hardwood of the war will be the first CHAIN F HARTMAN JOHN W HOWARD TOWN S LATER BEET . not provide the same that th Control of the Contro

	REGISTRAR	- CERT	IFICATE OF DEATH	REG. NO.	
	CEASED NAME THE IRSI	ma A	len	20. DATE OF DEATH MONTH	9 83 2b. HOUS
3. SEX	Female.	Black S. Ball	E OF BIRTH DAY YEAR 23 /6		IF UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS MI
C	North C.	76. CITIZEN OF WHAT COUNTRY? 8 MARR WIDON	RIED NEVER MARRIED XX	9. BALTIMORE CITY <u>OR</u> COUNTY CITY	OF DEATH
0/	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FEDERAL HILL NURSI	NG HOME	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  DOMESTIC	126 KIND OF BUSINESS C INDUSTRY
13a. S	RYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN BALTIMORE	YES XX NO	13e. STREET ADDRÉSS LIGHT STREET	21200
0	JAMES	ALLEN ALLEN	15. MOTHER'S MAIDEN NA. FLOSSIE	MIDDLE	OUGHTY LAST
	'AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECURITY NO.		AS 302 SOUTH VIN	
	PART I. DEATH WAS CAUSE	oly one couse per line for (a), (b), and (c)  D BY:  TE CAUSE (a)	Questaine	0.4.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
N	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	JT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED		WERE FINDINGS USED //ING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
3					
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE AT WORK AT WORK  220.1 certify that (1) (this hospit sow the deceased alive so	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET 19 SC		9_8-3_, that (1) (we) lo
	WHILE NOT WHILE 220.1 certify that (I) (this hospit sow the deceosed allowed obove, (I) (we) (did) (did no 22b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  toll) ottended the deceosed from  view the body ofter death.	and that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [	) to 8 / 19 1	9_8-3_, that (1) (we) lo
	WHILE NOT WHILE 220.1 certify that (I) this hospit sow the deceosed alive an obove, (I) (we) (did) (did no	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  toll) ottended the deceosed from  view the body ofter death.	and that in (my) (our) opinion of DEGREE	deoth accurred on the date and hour	9.83, that (I) (we) la and from the causes stated

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL AYGINE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

erained by the hospital or attending physician

attending physic

MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

within 24 hours ofter deoth. Page 4 may be

### STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENT ADUVE THE

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ı	- STATE REGISTRAR		DEF	CERTIF	CATE OF I	EATH	1	REG. NO	0.				
1	1. DECEASED NAME (TYPE OR PRINT)	DORA	MIOOLE S.	AC	PER		20. DATE OF	DEATH	P	12.	P3	Sto A	M
	EMALE		W HITE	S. DATE O		1900	6. AGE (IN)	2	YRS	MONTH		IF UNDER 24 H	HRS.
1	70. BIRTHPLACE (STATE OR F COUNTRY) RUSSIA	U.	S.A.	WIDOWE	-	VORCED		BALTIN	ORE_	CIT	Y	- 04	MD
í	Baltiwore	SIN	E OF HOSPITAL, NI IN SUCH FACILITY, GIVE VAI HOSPI	TAL X	XXXXXX	TITUTION	12a. USUAL (TYPE OF WOR CLEF	K FOR MOST O		LIFE) IN	DUSTRY	F BUSINESS  ADMI	
1	ISUAL RESIDENCE (IF NURS 130. STATE MARYLAND	NG HOME OR OTHER INSTIT 13b. COUNTY	13c. CITY OR BALTI	TOWN	13d. INSIDE C	NO 🗌	13e. STREET 3118		ROFT	#21 RD.		r. A	
1	MORRIS	WIDDLE	HAR	RISON	R	S MAIDEN NAA FIRST OSE		WIOOLE		U	NKNOW		
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE	TES)	SECURITY NO.		MISS MA BANCROF				#21			
	Conditions, if any, gove rise to imm cause (a), statin underlying couse	which dedicate g the last	CONCINO  CONCINO  CONCINO  CONCINO  CONCINO  CONCINIO  CONTRIBUTINO	SEQUENCE OF	NOT RELATED	C VA	INAL DISEAS	E OR CON	DITION G	BIVEN I	8/01	MATE INTERVAL  NISET ANODEA	7n
7	Metas: 190. DATE OF OPERA: 210. ACCIDENT WAS UNC	19b. C	ONDITION FOR W	HICH OPERATION	WAS PERFO	RMED	YES	DPSY?	IN CER	YES, WE	RE FINDING CAUSES	GS USED OF DEATH? NO	
	710. ACCIDENT WAS UNE OR CONTRIBUTING CO LIF EITHER, NOTHY MEDIA 21d. INJURY OCCURE	AUSE OF DEATH (AL EXAMINER) RED 21e. P	IME OF INJURY JR A.M. MONTH P.M. LACE OF INJURY	19	211. LOCATIO		RED (ENTER NA	CITY OF TO	4		OR PART 2)	STATE	
	AT WORK AT WO	ILE	ME. STREET, FACTORY, O		STREET	_, 19	, to	CITYONTO				that (I) (we)	
	saw the decease above, (I) (we) (c 22b. SIGNATURE	d alive an did) (did nat) view the	bady after death.		od that in (my)	(aur) apinian d	death accurre	ed on the de	ate and h		1 from the		d
	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	F M.C	5-freg		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	□ PHYSIC			8-1	2-03	
	GIOPA	A. PRA	FF MD		7.40	3 13.	KOOK	FORI	) cir	7. f-	ikest	MA	).
	230. BURIAL, CREMATION,	REMOVAL   236. DA   8-1	TE 5-83	LOUDON		CREMATORY		ATION OR TOWN LT IMOR	RE	co	YIMU	MD	E

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DHMH - 16 50M 4/82 (VRA 15, 4)

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24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs	retained by the haspital ar attending physician.
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DHMH - 16 50M 1/81 (VRA 15, 4)

	1 55	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	TELL.
		CEASED NAME FIRST	A	MIDDLE	413	ston	20 DATE OF DEATH	8 24 8	1 7.15
X	3. SE	Female	4. RACE BLA	ick	3. DATE O	136 /89	6. AGE IN YEARS LAST BIR		YEAR FUNDER 24
83		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		D NEVER MARRIED		R COUNTY OF DEAT	Н
no Lined or	10. C	irginia NY OR TOWN OF DEATH Baltimore				DR OTHER INSTITUTION	BALTI 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 126. KIN	ND OF BUSINES
The state of the s	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimo	VN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 717 Druid	Park Lake	Drive
	14. FA	ATHER'S NAME FIRST  Milton Johnso	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME FREST Maria	ME		LAST
nedicol.		WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRE	55	
me		(1116,01	e wan on onicaj	0 1 8 1 2 E		Myrtl	e Griffin 7	17 Druid I	ake Dri
r ather traumatic eve			(b)	RAS A CONSEQUERAS A CONSEQUE	mys	1 00 1 0	any am	est	
ony injury, or other troumatic eve	CATION	Canditians, if any, which gave rise ta immediate cause (a), stating the	DUE TO, OF ONDITIONS CO	Azo Me RASA CONSEQU DITRIBUTING TO	ENCE OF	A-S.C.V.D.		DITION GIVEN IN PAR	NDINGS USED
haws any injury, ar ather traumatic eve	RTIFICATION	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CANTROL OF TH	DUE TO, OF	AZ of the RAS A CONSEQUE  DISTRIBUTING TO  STION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONT  200 AUTOPSY?  YES NO	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME MIDDLE (TYPE OR PRINT) VIRGINIA AMBLER M. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE SEX MONTH 1894 White 89 Female April 10 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City USA DIVORCED MD WIDOWED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET APPRESS) Personnel Keswick Home Secretary Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136. COUNTY 13c. CITY OR TOWN 13a. STATE 4220 Wickford Rd. 21210 Baltimore YES X NO [ MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE MIDDLE Eliza Randolph Ambler M. James **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) 212 30 8289 William B. Kempton, Balto. No 18 CAUSE OF DEATH (Enter only one cause per lipe for tot, th), and it. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 266. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (t) (this haspital) attended the deceased from sow the deceased alive on 3°1.0°-19-19-\_, and that in (my) to to opinion death accurred on the date and hour and from the causes stated abave, (1) (with (did) (did not) view the bady after death 22c. DATE SIGNED DEGREE 22h SIGNATUR MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 1 BALTIMORE THE PHYSICIAN'S NAME ITHE OF PENT 27s. ADDRESS 73d. LOCATION 230 BURIAL CREMATION, REMOVAL 23h DATE 231. NAME OF CEMETERY OR CREMATORY STATE CITY OR TOWN COUNTY (SPECIFY) Baltimore 8/20/83 Green Mount MD Burial 24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 25a. DATE REC'D. 4905 York Road Balto. MD

21212

DHMH - 16 50M 4/82 (VRA 15, 4)

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DIRECTOR

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### STATE OF MAKYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

	Male  Black 9 21 18 64 YES.  BERTHRIACE (STATE OR FOREIGN COUNTRY) Maryland  U.S.A. WIDOWED DIVORCED BALTIMORE  II. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE  III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY SHEET ADDRESS OF THE PROPERTY OF WORK FOR MOST OF WORKING.  III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY OF WORK FOR MOST OF WORKING.  III. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY OF WORK FOR MOST OF WORKING.  III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY OF WORK FOR MOST OF WORKING.  III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY OF WORK FOR MOST OF WORKING.  III. NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION THE FOREIGN COUNTRY OF WORK FOR MOST OF W								
								1983	26. HOUR 9:20
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C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE	NEVER MAR	RIED 9	BALTIMORE CITY O	R COUNT		
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C	OR OTHER INSTITU	TION I	26 USUAL OCCUPATI	ON		MD OF BUSINESS OR
13a. S M	aryland 136. COU	NTY 13c. CITY OR TO	NWC	YES XX NO		5001 Suns			21215
	Thomas	H. Ander		Susi		WIDDIE		Mattl	hews
	ES, NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)			Ander				o a d
NOI	gove rise ta immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	rycloma		al disease or con	DITION G	IVEN IN PART 10	lo:
TIFICAT		196 CONDITION FOR WHI			D		IN CERT	ES, WERE FINDI IFYING CAUSES (ES ]	
CAL	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	19	211 LOCATION	Y OCCURRED			PART   OR PART 2)	STATE
W	270. I certify that this hosp sow the deceased alive or above. (A) (we) (did) (did)	ital) attended the deceased fram	8 83 , or	nd that in (my) (our DEGREE	NDING _	oth occurred on the d	ote and ha	19 <u>83</u> ,	, that (1) (we) last
	PATRYCE A	LYSON TOYE		22e ADDRESS	sician [	600 N	VOLF	V.	BALTO MD.
	BURIAL, CREMATION, REMOVAL			emetery or creation or e Cen		Baltimo	ore,	COUNTY	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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10 FUNERAL DIRECTOR. should be deteched for us with the State Dept. of Mer.

Wm C March F/H Inc. 1101 E North AVenue AUG 5 1985

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE

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1. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  70. BIRTHPLACE (STATE OR COUNTRY)  Maryland  10. CITY OR TOWN OF DE  BALTIMORE  USAL RESIDENCE (IF NUR 130. STATE  Maryland	ATH 11. NAME OF (IF NOT IN SU THE JC)  SING MOME OF OTHER INSTITUTION	ANUSZI S. DATE Mon 3	OF BIRTH  IN DAY  11 1902  ED NEVER MARRIED   OF DIVORCED   DIVORCED	20. DATE OF DEATH MON AUGUST 10, 6. AGE (IN YEARS LAST BIRTHDA 81. P. BALTIMORE CITY OR C. BALTIMORE	1983  IF UNDER 1 YEA MONTHS DAY YRS.  OUNTY OF DEATH	
3 SEX  Male  70. BIRTHPLACE (STATE OF COUNTRY)  Maryland  10. CITY OR TOWN OF DE  BALTIMORE  USUAL RESIDENCE (IF NUR  130. STATE	4. RACE  FOREIGN 76. CITIZEN OF  ATH 11. NAME OF  THE JC  SING HOME OR OTHER INSTITUTION	White S. Date MONTAL MARRIE WHAT COUNTRY? & MARRIE WIDOW HOSPITAL, NURSING HOME COMPACIENT, GIVE STREET ADDRESS)	OF BIRTH  IN DAY  11 1902  ED NEVER MARRIED   OF DIVORCED   DIVORCED	6. AGE (IN YEARS LAST BIRTHDA 8] 9. BALTIMORE CITY OR C	YRS. IF UNDER 1 YEAR MONTHS DAY	AR IF UNDER 24 HRS
Male  70. BIRTHPLACE (STATE OF COUNTRY)  Maryland  10. CITY OR TOWN OF DE  BALTIMORE  USUAL RESIDENCE (IF NUR	FOREIGN 76. CITIZEN OI  ATH 111. NAME OF  THE JC  SING HOME OR OTHER INSTITUTION	White 3 MARRY WHAT COUNTRY? 8 MARRY S.A. WIDOW HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS)	DAY 1902  ED NEVER MARRIED MED DIVORCED D	8] 9. BALTIMORE CITY OR C	YRS. DAY	
70. BIRTHPLACE (STATE OF COUNTRY)  MATY LAND  10. CITY OR TOWN OF DE  BALTIMORE  USUAL RESIDENCE (IF NUR  130. STATE	ATH 11. NAME OF (IF NOT IN SU THE JC)  SING MOME OF OTHER INSTITUTION	White 3 WHAT COUNTRY? & MARRI S.A. WIDOW HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS)	11 1902  ED DIVORCED DIVORCED	-	YRS. OUNTY OF DEATH	S ROURS MIN.
Mary and 10. CITY OR TOWN OF DE  BALTIMORE  USUAL RESIDENCE (IF NUR 130. STATE	ATH 11. NAME OF (IF NOT IN SU THE JC)  SING MOME OF OTHER INSTITUTION	MARRI WIDOW HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS)	ED DIVORCED	-		
Maryland 10. CITY OR TOWN OF DE BALTIMORE USUAL RESIDENCE IF NUR 130. STATE	ATH 11. NAME OF THE JO	S.A. WIDOW HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS)	ED DIVORCED	BALTIMORE	OTMIT	
BALTIMORE USUAL RESIDENCE (IF NUR 130. STATE	THE JO	CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		CITY	MD
USUAL RESIDENCE (IF NUR 130. STATE	THE JO		ON OTHER MASTER OFFICE	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND ORKING LIFE) INDUSTR	OF BUSINESS OR
13o. STATE				Production V	Worker Ven	etian Bl
Manuel and	13b. COUNTY	N. GIVE RESIDENCE BEFORE ADMISSION	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
rial y Lailu		Baltimore	YES NO	516 S. Was	shington S	it. 21231
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	7.7	LAST
Michael		Anuszewski	Pelagia		Wozt	öwski
168 WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
no		215-09-4290	Joan Koritzka	1502 Brian		
18. CAUSE OF DEA	TH (Enter only one couse po VAS CAUSED BY:	er line far (a), (b), and (c)			BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
0.3	MAS CAUSED BY:  IMMEDIATE CAUSE (a)	cand	uac currest			10 min
7299	DUE TO (	OR AS A CONSEQUENCE OF	1			
Canditions, if any		Senti	e shock			week
gave rise to im cause (a), stati		OR AS A CONSEQUENCE OF	0			
underlying caus		bune man	con depre	5510h	3	month
	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITI	ON GIVEN IN PART	l(a)
190 DATE OF OPERA	ute venal	2 Failuro	with hup.	clension		
19a DATE OF OPERA	TION 196. CON	DITION FOR WHICH OPERATION	ON WAS PERFORMED		Ib. IF YES, WERE FINE	
1 1				YES NO	YES [	NO NO
21a. ACCIDENT WAS UN	110110	OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	)
OR CONTRIBUTION	CAUSE OF DEATH	A.M. MONTH DAY YEAR P.M. 19				
(IF EITHER NOTIFY MED	RED 21e. PLACE	OF INJURY	21f. LOCATION		COUNTY	STATE
WHILE NOT W	HILE	TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	) (his haspital) attended t	he deceased from	-12 10 83	10 8-10	10 23	that (I) Ywa I las
saw the decea	sed alive on 8	10 19 83	and that in (a) (aur) apinian	death accurred an the date of	and have and from the	ne causes stated
abave ((1) (we)	did (did nat) view the bad	y after death.	DEGREE			TE SIGNED
1) ma	E.	POST. h. 111)	ATTENDING	MEDICAL STAFF	-	/10/82
22d PHYSICIAN'S N	AME COMPONENT	congain	PHYSICIAN [	DIRECTOR PHYSICIAN	0	10/03
228 PHYSICIAN'S N	vie F. Cu	letta Jiemo	. 701 S. Am	un St., Apt	-1B, Bul	t. Mel.
23a. BURIAL, CREMATION	, REMOVAL 236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
Burial	Aug.	13 1983 St. S	tanislaus	Baltimore		Marylan
24. FUNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN	ATURE
Lilly & Z	eiler. Inc.	1901 Eastern A	ve. 21231 A	JG 1 5 1082	Solar O	Caran

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

NUSZEWSKI THE REPORT OF THE PARTY OF THE 

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5	/	3	
	THIS CLAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	the continue has been signed by the ottending physician and completely filled in by the funeral director, page 3. The burnal trems from Then please remove carbon papers. Pages and 2 should be filled within 72 hours after death (5) and Mental Hydrene prior to burial, cremation, or removal.	ted at them 18 thous any injury, or other troumotic event, the medical manuscrimosobenoviried attended

STATE OF MARYLAND

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1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL WYG ICATE OF DEATH	REG. NO.			/	
	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH M	ONTH DAY	YEAR	W. HOU	R
	AGNES	LORRETTA		APPEL	August 21	, 1983	5		м
3. SEX	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF U	INDER I YEAR	IF UNDER	
	Female	White	June	21, 1909	74	YRS.	THS DAYS	MOURS	MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> Baltimo	COUNTY OF			MD.
	TY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife	VORKING LIFE)	12b. KIND OF INDUSTRY	BUSINE	
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE IN COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORI UNITY 13c. CITY OR TOW Baltime	VN	13d. INSIDE CITY LIMITS? YES AO	13e. STREET ADDRESS 433 E. 28	3th Str	reet	2121	8
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME				
1	Harry	P. Readmon	nd	Geneveav		3	Brewer		
	VAS DECEASED EVER IN U.S. A		JRITY NO.	17. INFORMANT	ADDRESS	5			
()	YES, NO OR UNKNOWN) (IF YES, G	216-09-4	464B	William C. A	ppel 433 E.	28th 8	st. 2	1218	3
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEOUR  (c)  CONDITIONS CONTRIBUTING TO:  19b. CONDITION FOR WHICH	<u>DEATH</u> BUT		20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED	H?
	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	EATH HOUR A.M. MONTH D	Y YEAR	21c. HOW INJURY OCCUR		YES		NO [	,
MEDICAL	21d. INJURY WARED WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET ACTION OF THE	FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	ı	COUNTY	S	TATE
F	sow the deceased was	ortal) attended the deceased from	, or	, 19	, to death occurred on the date	and hour on			
		d R. Wheeless Jr		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		timore	wa	
730 0	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	1236 LOCATION	- Dat	THOIE	, 1110	. •
	Burial			nd Memorial	Baltime	ore	Ma YTAUC	rylå	ind
24. FU	JNERAL DIRECTOR			25g. DAT	E REC'D BY REGISTRARI25	REGISTRAF		_	

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use or the with the Stote Dept. of Health or

Leonard J. Ruck, Inc. Baltimore, Maryland

AUG 23 1983 John J. Comick

1.100	PROPERTY OF THE PROPERTY OF TH	residents man	
August 21, 1333	12994	MCCORROL	887624
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FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	O	0	9	B

	STATE REGISTRAR				CERTII	FICATE OF DEATH	REG	NO.		
I. DECE	ASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR P
(TIPE OF	R PRINT]	ANITA		MARIE	AF	RCHER		08/1	6/83	5:00 M
3. SEX	FEMALE		4. RACE WHI	TE	JAN	of BIRTH . 9 1917	6. AGE (IN YEARS LAST	BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
	THPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOW		9. BALTIMORE CITY	_		MD
	LTIMOR					OR OTHER INSTITUTION HOSPITAL	120. USUAL OCCUP.		12b. KIND C INDUSTRY SHIR!	OF BUSINESS OR
USUAL 13a, ST	RESIDENCE (# NATE	13b. COUN	OTHER INSTITUTION,	BALTIM	'N	13d. INSIDE CITY LIMITS?	130. STREET ADDRES	s EAG	ER ST.	21205
	HER'S NAME FIRST JOI	IN	WIDDLE	SCHMID		15. MOTHER'S MAIDEN N	AN		POE	HLER
	AS DECEASED EV S. NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU		AUSTIN AR		(SAME	ADDRE	
18	8. CAUSE OF DE	ATH (Enter onl	y ane cause per	line for (a), (b), on					BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PARTI. DEATE	WAS CAUSEL	E CAUSÉ (a)	Cardiop	ulmo.	rong arrest			1	hour
P	PART 2. OTHER S	oring the use last.  IGNIFICANT C	ONDITIONS CO		DEATH BUT	TNOT RELATED TO THE TE				
CERTIFICATION	9a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY? YES □ NO	IN CERT	ES, WERE FINDIF IFYING CAUSES 'ES	
	(Ig. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY A	CAUSE OF DEA	In .	FINJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF 19	NJURY IN ITEM 18	PART   OR PART 2)	
ME	WHILE NO	URRED	210. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	sow the dece		al) attended th	e deceased from_ ) · /6 19 ofter death.	83.0	nd that in (my) (aur) apinio		,	or and from the	
2	26. SIGNATURE	mone	hell.	A. Rung	ر سا	DEGREE  ATTENDING PHYSICIAN		TAFF SICIAN X	22c. DATE 8//	SIGNED
2	2d. PHYSICIAN'S	Marsch	- 0	Runge	i i	1220 ADDRESS John	.s Hopkin	s lto	spital	
(SPI	RIAL, CREMATIO PECIFY) Buria	1	23b. DATE 8/19/	/83		ens of Fai	th Balt		COUNTY	STATE
24. FUN	erschin 3331	unek E Brehms	uneral	l Home. Balto.	Inc.	_A	UG 1 9 1983	Solo Solo	STRAR'S SIGNAT	aniel !

3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-tronsit permit. Then please remayer.carbanpapers.Pages Fond 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

(VRA 15, 4)

retained by the hospital ar ottending physician.

BP.

Carl Brown when all bus re-

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 n	
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K	haspital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed within 72 hours ofto with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examiner

must be notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE

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FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY					
DECEASED NAME FIRST	MIDDLE	1	AST	REG. NO	MONTH	DAY YEAR	2b. HOUR	
(TYPE OR PRINT) AN GEL	AL	ASI	1 BY	8	12	83	907PA	
. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY	MONTHS DAYS	IF UNDER 24 HRS	
	B	MONTH	· Paril	29	YRS.	MONTHS DATS	HOURS MIN.	
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU		-	9. BALTIMORE CITY O	COUNT	Y OF DEATH		
Balto., Md.	USA	WIDOWE		BALTU	nole	CITA	ME	
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120. USUAL OCCUPATION			F BUSINESS OR	
BALTIMORE	UNIVERSITY OF	= MARYLAN	UD HOSPITAL	OISABLE!				
JSUAL RESIDENCE (IF NURSING HOME OF 13b. COL		CE BEFORE ADMISSION)  OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		21223		
MARYLAND		TIMORE.	YES NO	130. STREET ADDRESS	· LOI	MBARD:	ST.	
I. FATHER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NA	AME		145	,	
WILLIAM		SHBY	ELIZABET			DOR	58.4	
WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17. INFORMANT	ADDRE	SS			
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	N/A	Anna Dorse	ey 310 E.	223	Stree	t	
18 CAUSE OF DEATH (Enter of	only one couse per line for (a),	, (b), and (c).)				BETWEEN	MATE INTERVAL	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:  CAR DIOPULMONARY ARREST						18 DIAte	
20.87	7.081							
DUE TO, OR AS A CONSEQUENCE OF .  Conditions, if ony, which (16) SEPSIS						24	hours	
gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.						UEA	RS	
PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 1200. AUTOPSY? 1200. IF YES, WERE FINDINGS USED							
E	The state of the s			YES TO NOT		FYING CAUSES ES 🗍	OF DEATH?	
00 000 000 000 000	EATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR				
OR CONTINUEDTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
220.1 certify that (1) (this has sow the deceased alive a above. (1) (well did) (did n	pital) attended the deceased in AUGUST 12 not) view the body after death	from AUGUS	that in (my (our) opinion	, 10	12 te and hou		that (I) (we) ass couses stated	
22b. SIGNATURE Michael	Abulance		MD ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE 81 c	SIGNED	
224. PHYSICIAN'S NAME (TYPE	OR FRINT)	III M (III)	22a. ADDRESS					
	r. BUCHBNAN		UNIVERSITY O		Ho	sfital, 6	BALTIMORE 1	
30. BURIAL, CREMATION, REMOVA	L 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
SPBURIAL	8/18/83	King M	emorial Pk.	Randalls	towr	1	M dTATE	
4 FUNERAL DIRECTOR		Darce	25a. DA	TE REC'D. BY REGISTRAR	256 P5GIS	TRAR'S SIGNAT	URE	
Wm C March F/	H Inc. 1101	E Nortl	n Avenue Al	JG 1 5 1983	John	m. S. C	sheld	

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital or attendi

BP.

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filled in by the funeral director, page 3 tould be filed within 72 hours ofter death

executed within 24 hours ofter deoth. Poge 4

deoth certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEA (TYPE OR P	SED NAME FIRST	Α				REG. NO			
(TYPE OR P			AIDDLE	L	AST		MONTH DAY	YEAR	2b. HOUR
	HERBER	T Bi	ENJAMIN	ASH	LEY	A	ugust 1	0 83	1:20P M
3. SEX		4. RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	HOER I YEAR	HOURS MIN.
n	nale	white		Jus	1 2/ 2022	60	YRS		
7a. BIRTH		76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	_	DEATH	
Mary	land	USA		WIDOWE	_	BALTIMOR	E CITY		MD.
10. CITY	OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST O		2b. KIND C	F BUSINESS OR
BALT	IMORE	VAMEDIC	AL CENTER	BALT	IMORE MARYLAN	pales		reta	il
Mary	yland Balt		136 CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌	130. STREET ADDRESS 3016 Grin	ndon Ave	2. 21.	214
14. FATHE	er's NAME Loyd W. Ashley	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM thel (ro	nok		LA	51
		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		60	4
46	1////	?	219 16 9	178	Mrs. Doris W.	Ashley 30	16 Gris		AVE.
PA	onditions, if ony, which love rise to immediate ause (a), stating the nderlying couse lost. ART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a.
CERTIFICATION 516	DATE OF OPERATION	PERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED			N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOTO YES NOTO NOTO			
0.0	O. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	NIII	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR				
W W	216 INJURY OCCURRED  WHILE ONOT WHILE OAT WORK  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET CITY OR TOWN COUNTY STATE								
220	saw the deceosed alive or above, XI) (we) (did) (did Ac	August	deceased from		19879 nd that in (Xy) (our) apinion o	, toAugus2 deoth occurred on the do			thotXI) (we) last causes stoted
221	SIGNATURE Leve	a N	15/hul	u,	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	11/825
220	PHYSIMAN'S NAME (1996	PRINT)	c Mari	en	3900 Loch Ray	ven Blud. B	alto. M	d 212	18

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicioi should be detached for use as the burial-transit permit. Then please remove corbon popers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Item 18 shaws ony

(SPECIFY) 8/11/83 cremation
24 FUNERAL DIRECTOR

Ambrose Funeral Home 1328 Sulphur Spring Rd.

CITY OR TOWN

Baltion rematory (atonsville L

STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

injury, or other troumotic

IMPORTANT: If them 21 is marked or them 18 shows any

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE

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- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.			
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR		
(TYPE OR PRINT)	cy) Ida	Asi	KINS		8/15/89	1:45 PM		
3. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE			
Female	Black	4		8.5	YRS.	nooks min.		
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	- D MENER WARRED (	9. BALTIMORE CITY O	R COUNTY OF DEATH	1		
N. Carolina	U.S.A.	WIDOW	ED NEVER MARRIED	Baltimo	re City.	MD.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 126. KIN	D OF BUSINESS OR		
Palaimana	(IF NOT IN SUCH FACILITY			(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUST	RY		
Baltimore USUAL RESIDENCE (IF NURSING HOME)	Sinai H				2.1	205		
13a. STATE	JNTY 13c. CIT	YORTOWN	1 13d. INSIDE CITY LIMITS?					
Maryland	Ва	ltimore	YES NO		Chapel St	reet		
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	WIDDLE		LAST		
William		wsome	Molli					
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	ADDR				
NO			Lenora Jo	nes 2508 E	. Chase S	treet		
18. CAUSE OF DEATH (Enter	only one couse per line for	(o), (b), and (c).)			APP BET WI	ROXIMATE INTERVAL EEN ONSET AND DEATH		
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (b)	and Busian	a Aspiration	PNEUMON.	1 cm			
4310	4210							
Conditions, if ony, which	Conditions, if ony, which (b) Diminished Gag Reflex							
gove rise to immediate	gove rise to immediate							
cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	CONSEQUENCE OF	Grance LT	VA				
DARK S. CYUER SICAUSICAA	(c)				DITION CAVEN IN DAD	T 1		
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBE	DING TO DEATH BU	I NOT RELATED TO THE TE	KWINAL DISEASE OR CON	DITION GIVEN IN PAR	1 1(0,		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	184 CONDITIONE	OR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	JDINGS USED		
S 1148 DATE OF OPERATION	178 CONDITION PO	JR WHICH OFERATIO	DIN WAS PERFORMED		IN CERTIFYING CAU	SES OF DEATH?		
EL L				YES NO	YES [	но 🗌		
		Y Onth day year		URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	21		
OR CONTRIBUTING CAUSE OF C		19						
21d. INJURY OCCURRED	218 PLACE OF INJU	IRY ORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
WHILE ONOT WHILE O	TAT FIGHT, STREET, FACTO	OKT, OFFICE PARM, ETC.)						
220.1 certify that (I) (this has	pital) attended the decea	sed from	, 19	, to		_, that (I) (we) last		
sow the deceased alive of	sow the deceased alive an							
72b. SIGNATURE	obove, (I) (we) (did) (did not) view the body ofter death.  27b. SIGNATURE  DEGREE					ATE SIGNED		
1/1: 1	Burns		ATTENDING	MEDICAL STA		15-83		
22d. PHYSICIAN'S NAME (TYPE			220 ADDRESS	DIRECTOR PHYSIC	INITES OF	(3-00		
2 1				Hospitel				
RISA BO								
23a BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY	STATE		
BURIAL	8/20/83	Balti	more Cemet	ery Baltim	ore	Md.		

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm CAMEMarch F/H Inc. 1101 AERESS North Ave.

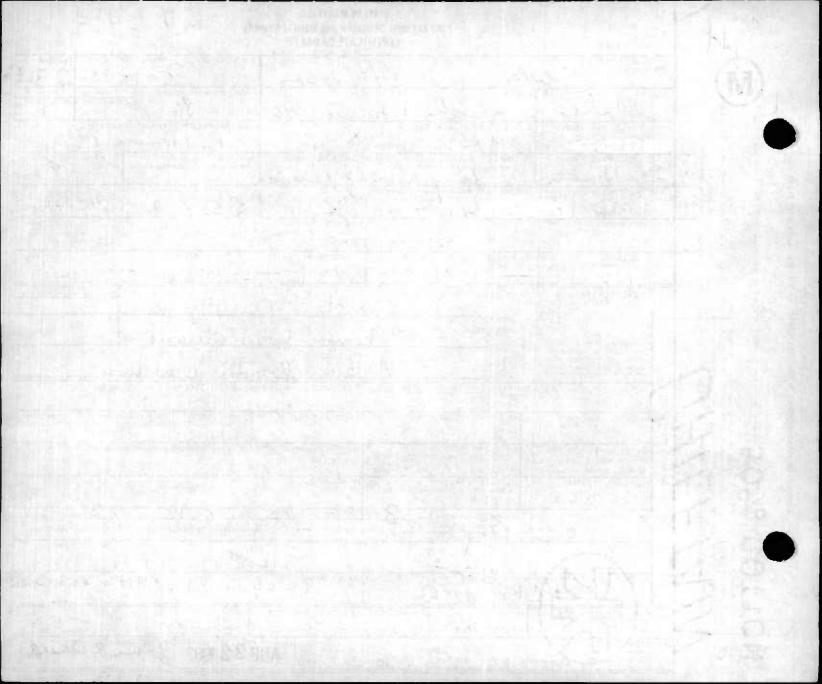
Baltimore Baltimore Cemetery

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	NS TO	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often de- refained by the hospital or otherding obvision.	
	AL	
	PIT	-
	To	
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL AYORT OF DEATH	GIENE 2 0	102
	1. DECEASED NAME FIRST (TYPE OR PRINT)	eften N.	Hkinson		NTH DAY YEAR 26. HOUR 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	3. SEX Male		DATE OF BIRTH MONTH DAY YEAR 10 16 96	6 AGE (IN YEARS LAST BIRTHDA	YRS.  #FUNDER I YEAR IF UNDER 24 MONTHS DAYS HOURS YRS.
\$25	70 BIRTHPLACE (STATE ORFOREIGN COUNTRY)  Md	WIC , WIC	ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OR C	more City
notified ()	10. CITY OR TOWN OF DEATH Baltimen	11. NAME OF HOSPITAL, NURSING HOLE IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS	pshy flore	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
d 35	13a. STATE ND 13b. SC	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	YES NO [	136. SIREET ADDRESS	Jrunah Hr
examine	Julius	Atkinson		WIDDLE	Goodes
medicol	16a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY IS 216-09	Dag.	ADDRESS ttie Atkins	Arunal Approximate interv
ony injury, or athe	PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		H BUT NOT RELATED TO THE TERA	20a. AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
Smo	RTIFIC			YES NO	YES NO NO
or Hem 18 sh	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH DAY 'NER) P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)
ked	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
m 21 is mor	saw the deceased olive above, (I) (we) (did)4dig	ospital) attended the deceased from 19 Standard to the body after death.		death occurred on the date	and hour and from the causes state
ANT: If frem	226. SIGNATURE  226. PHYSICIAN'S NAME (TY	(RE ON ROLLY)	122- ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIA	
IMPORTANT: IF	1 N	AIR, NO	2010		BALTIMORE MD2
	230. BURIAL, CREMATION, REMOVE Burial		e of CEMETERY OR CREMATORY Veteran Cem	23d. LOCATION CITY OR TOWN Crownsvil	
7/77	24 FUNERAL DIRECTOR NAME William C Ma	rch F/H 1101 E. N	25a. DA		REGISTRAR'S SIGNATURE



E.F. Tassahn, 11750BelairRd. King Sville, Md. 21087

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

AUG 1 / 1983

	- STATE REGISTRAR	CERTIF	CERTIFICATE OF DEATH  REG. NO.				
/	1 DECEASED NAME FIRST (TYPE OR PRINT) Ethel	M. Bo	chmann	20 DATE OF DEATH MONTH	12 83 145 P		
1	Fenale Cay	Casion DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.		
-		WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY OR COUN Baltimore City	NTY OF DEATH		
/	Baltimore City	HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESS) HOSPITAL	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126. KIND OF BUSINESS OR		
1	USUAL RESIDENCE IN NURSING HO I COTHER INSTITUTION 130 STATE Md.	13c. CITY OR TOWN  ESSEX	13d INSIDE CITY LIMITS? YES NO.	Riverview N.	H. EasternBlvd.		
1	FATHER'S NAME FIRST MIDDLE  James	Bock Lage	15. MOTHER'S MAIDEN NA/ Mary	WIODIE	Zeller		
2	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 212-22-3510	Mr. John H.		07 Crestview Dr. 11ston, Md.21047		
	Conditions, if any, which gove rise to immediate		+ Cardiac a, Congesti GI Ble	failure ve Heart fai ed.	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH		
100	RTIFIC	/ ! / -	er past y	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED YES, WERE FINDINGS USED YES NO NO		
-	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e PLACE	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ÉTC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM I  CITY OR TOWN	(B PART   OR PART 2)  COUNTY STATE		
	220. I certify that (I) (this hospital) attended the saw the deceased live on above, (I) (well aid) (did not) view the body 11. 5 JANUARY LOST (TYPE OR PRINT)  77. DAYSICIAN'S NAME (TYPE OR PRINT)  4. JANUARY LOST LOST (TYPE OR PRINT)	Z 19 3 on	DEGREE, ATTENDING PHYSICIAN PHYSICIA	MEDICAL STAFF DIRECTOR PHYSICIAN	19 8.1., that (II (we) last rour and from the causes stated  222. DATE SIGNED  124 HOSpital		
	236 BURIAL, CRÉMATION, REMOVAL 236. DATE (SPECIFY) Burial 8-15-3		emetery or crematory od Cemetery	Parkville B.	alto. Md. STATE		

DHMH-16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

The state of the s E Counciles . I. Fortest x At Balto. | Taken TOP CONTROL OF Lote of the Control o Bony of I may have been a facility of AND CONTROL OF THE PROPERTY OF the state of the s FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PLYCHAR

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Car	U	1	J	-

	1 - STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
-	T. DECEASED NAME FIRST	WIODLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	(TYPE OR PRINT)	OORA	BAJACKSON	AUGUST 31.1983	2:10A
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	DER I YEAR IF UNDER 24 HRS.
1	Female	WHITE	SEPT. 22, 1912	70 YRS.	DAYS HOURS MIN.
į	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED XX	A BALTHAORE CITY OR COUNTY OF D	EATH
į	W.VIRGINIA	USA	WIDOWED DIVORCED	DADIIMORE CITI	MD.
111	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE THE JOHNS HO	ING HOME OR OTHER INSTITUTION PLADDRESS) PKINS HOSPITAL	HOUSEWIFE	L KIND OF BUSINESS OR DUSTRY HOME
2	SUAL RESIDENCE I IF NURSING HOME 130 STATE 130 CO BA	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNTY 13E. CITY OR TO COCKEY	WN 13d INSIDE CITY LIMITS?	APT. 604 KNOLLCREST PLA	£ 21030
	4. FATHER'S NAME FIRST MORRIS	BERNSTE.		MIDDLE	KNOWN
	160. WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, O	ARMED FORCES? 16b. SOCIAL SEC 283-07-		LBERT A. BAJACKSON EST PLA. COCKEYSVILL	APT. F
		DUE TO, OR AS A CONSEOU	blastic Leukemia UENCE OF	rminal disease or condition given in	5-6WEEKS
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH? NO
1	OR COLUMNIC COLUMN	DEATH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	RPART 2)
	OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	(, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN C	OUNIY STATE
	sow the deceased alive obove, (1) (we) (did) (did	pitol) ottended the deceosed from an <b>8/30</b> 19_not) view the body after death.	, and that in (my) (our) opinio	3 , to 8/3/ 19 on death occurred on the date and haur and	
	22b. SIGNATURE	2011	DEGREE ATTENDING		22. DATE SIGNED
	22d PHYSICIAN'S NAME LIVE	or DEll,		DIRECTOR PHYSICIAN	8-31-1983
	22d. PHYSICIAN'S NAME TYP	R Bell		Johns Hopkins Hospi OADWAY BALTIM	4
	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OF CREMATORY	23d. LOC TION	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: should be detoche with the Stote Dep IMPORTANT: If He

> 24 FUNERAL DIRECTOR 6010 REISTERSTOWN

SEPT.1,1983 HEBREW CONG.
SOL LEVINSON & BROS:, INC.

SEP 6

MARYLAND

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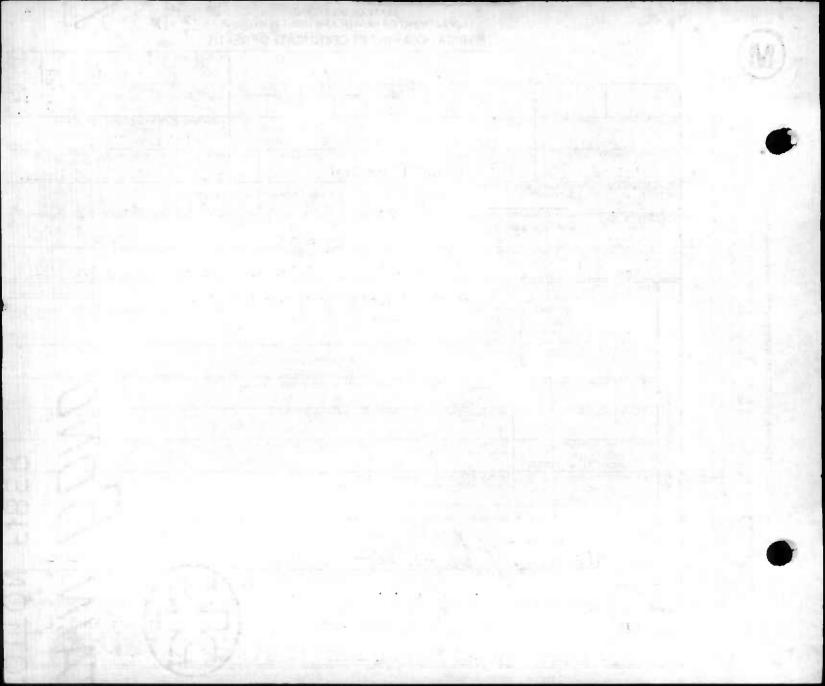
#### STATE OF MARYLAND

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J		FOR				DEPART	MENT O	F HEAL	TH AND N	ENTACH	IY GJEN	E	2 0	11	J 33		
		STATE REGISTRAR			M	EDICALI	EXAM	INER'S	CERTIF	CATEO	F DEA	TH	REG. N	Ο.			
ı		CEASED NAME OR PRINT)	E	FIRST		WIDDLE			LAST			2a. DATE	KNOWN X	HTMOM	DAY	YEAR	2b. HOUR
1	{ I YPE	E OR PRINT)	G	eorae		M.			Baehr			OF DE ATH	MATED [	8	16	19 83	
	3. SEX		4 RACE		DATE OF BIRT		6. AGE (IP		UNDER TYR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	24 HOUR 2:45
		M-1-	Y71-24			1897	LAST BIR	YRS.	ONTHS DAYS	HOURS	MIN.	PRONOU! DEAD		8	16	19 83	2:45 D. M
1			Whi:	ce	Th. CITIZEN OF V	WHAT COUN	ITRY?	1.0	RRIED N	2/50 // 400	55 D	9 BALTIN	ORE CITY	OR COUN			P. M
1	FOR	REIGN COUNTRY)	vland		USA				OWED X	DIVORC		Ba	ltimor	e Ci	tv.		MD
1	10. CI	TY OR TOWN	OF DEATH		II. NAME OF HO			ME, OR C			12a. USU	JAL OCCU	PATION (TYP		12b. KIN	D OF BU	SINESS
4	200	Baltim	ore	120	Union	Memor	TREET ADDRES	Hospi	tal			cher	RKING LIFE)			INDUSTR	
-	USUA	L RESIDENCE	(IF IN NURSIN		OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADM	ISSION)							1 000	1 1110	us.
	13a S1	Md.	136	COUNTY			Balto		YES X			EET ADDRE	Land A	ve 2	1211	1	
1	14. FA	THER'S NAM	E						* * *	IER'S MAIDE				VC . 2			
		Arthur			MIDDLE		Baehr		Me	FIRST		N	AIDDLE	T <sub>1</sub>	ıcas	AST	
1	Téa. W	AS DECEASE	D EVER IN				CIAL SECU	RITY NO.	17. INFOR				ADDRESS		icas	_	
1	(YE	S, NO, OR UNKN	OWN) (IF	YES, GIVE W	AR OR DATES)	210	-01-	7610	W-i 1	liam /	\ FI	lie 3	3308 E	lmles	, Δχ,	21	213
١			DE DEATH (		ane cause per li			/013	I WIT	TTalli_F	10 LJ	LIS	)300 L	Hilley	API	PROXIMATE	INTERVAL
		PARTID	EATH WAS	CAUSED	BY: A			rotic	Cardi	ovasci	ular	Dise.	ase		BETW	EEN ONSET	AND DEATH
1		42	951	MEDIATE	CAUSE (a)	R AS A CON							-				7.01
1			ins, if any,		1												
	20		ise ta imi ) stating the		DUE TO C	R AS A CON	ISFOUENC	TE OF					-				
1		lying ca	use last.				02002								1.		
1		PART 2 OTHER S	IGNIFICANT CO	NDITIONS CO	INTRIBUTING TO DEAT	TH BUT NOT RELA	TED TO THE T	FRMINAL DIS	EASE OR CONDITIE	ON GIVEN IN PAI	PT 1 in				-		
	Z									on otten in the							
1	CERTIFICATION	19a. DATE O	FOPERATIO	N	19b. CONE	DITION FOR	WHICH OF	PERATION	WAS PERFO	RMED?	_				20 A	UTOPSY?	
	FIC	100														ES 🗌	NO 🛛
7	ERI	21a. EXTERN		WAS		OF INJURY		21c.	HOW INJUR	Y OCCURRE	D (ENTERN	VATURE OF IN	JURY IN ITEM 18	PART I OR PA	-		
7	ALC	UNDERLY INCONTRIBUT	G OR	ISE OF DE		M. MONTH	DAY YI	EAR									
1	MEDICAL	21d. INJURY			21e PLACI	E OF INJURY	(AT HOME	. 21f	LOCATION								
1	¥	WHILE AT WORK	NOT WH	ILE	STREET, FA	ACTORY, FARM, ET	TC.)		STREET			CITY OR TO	WN	co	UNTY		STATE
ı													[G]	-	-		
í					af the remains d		ive, held a		apsy L.,	Inspection		Inquiry		nd in my ai	oinian		
ı		death resul	ted from	Natura	I causes XXI,	Accident	Ш.	Suicide L	, Ham		Undete	ermined mo	anner,				
		ACTUAL	100,		MA	4. 9	1/2 7	49		specify)	+			DATE	8	-17-8	93
1		SIGNATURE	uce	Mu	UX	mery	01	4)	M.D. /133	131QII	MED	ICAL EXAA	AINER	SIGNI	D	.,,	
		EXAMINER'S		De	ennis F.	Smyth	n. M.	D.	ADDRESS		IIIF	enn	Street				
-	-	JRIAL, CREMA							ADDRESS.			CATION					
	(5)	Buri			3-20-83				Cemete		CITY	OR TOWAL	Park	Anne	Aru	ndel	Md.
	24. Ft	JNERAL DIRE	CTOR							25a. DATE F	_	REGISTRA		ISTRAR'S	IGNATE	JRE A	
		Burge	ee Fir	neral	Home 3	531 Fa	lls R	d. 2	1212	ALIG	181	693	Hali	mode	. (se	wellth	
-1										1 1 100	- 1	A 10. A	A				

**DHMH - 17** (VR AT5 ME (5))

20M 4/B2



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

## STATE OF MARYLAND

1-	STATE REGISTRAR	DEP	CERTIFICATE	OF DEATH	REG. NO	o.	
	CEASED NAME FIRST	LA V.	BAGINS	Ki	20. DATE OF DEATH	MONTH DAY YE	3 AM
3. SE	EMALE	WHITE	5. DATE OF BIRTH	3 1911	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
7σ. BI	IRTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUN	MARRIED N	EVER MARRIED DIVORCED	13AITIN	R COUNTY OF DEAT	H 1/TY MD
10 C	ALTIMORE	1. NAME OF HOSPITAL, N	URSING HOME OR OTHE	FALLE	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KIR IF WORKING LIFE) INDUS	
130.5	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUN'	OTHER INSTITUTION, GIVE RESIDENCE TY 12SITY OR	TIMORY YES!	SIDE CITY LIMITS?	13 STREET ADDRESS	HITAR	JUE 4
(	ATHER'S NAME  O'EORGE DE	ENNISTON	1 1	14RY	JANK 18	EWICZ	LAST
	WAS DECEASED EVER IN U.S. ARA YES, NO ORUMENOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO. 17 INF	CELINE LL	OF CIECHO	1.26.	32. 0501 57.
NOI	Conditions, if any, which gave rise to immediate course to instead the underlying course last.  PART OKER SIGNISHCANT CI	DUE TO, OR AS A CONS	SEQUENCE OF	LATED TO THE TERM	MINAL DISEASE OR CONS	DITION GIVEN IN PAR	rr Ica
CERTIFICATION	A DATE OF OURATION	18 CONDITION FOR W	HICH OPERATION WAS	PERFORMED	YES NO	THE IF YES, WERE FE IN CERTIFYING CAL YES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK AUGUST	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	H DAY YEAR 19	OW INJURY OCCUR  OCATION  STREET	RED (ENTER NATURE OF INJUR		
	220.1 certify that (I) (this hospite saw the deceased are an above (I) (ye) (did idid not 11h. 5104).	when body after death.	192 and that	ATTENDING PHYSICIAN	death accurred on the do	22c. C	the couses stated  OATE SIGNED
	HYSICIAN'S NAME TIPE OR	112NU	< 9	129 S	Chelu	\$ 2	1231
1	BUT LY CREMATION, REMOVAL	8/29/1983	ST. STANI	SLAUS	BALTIN	DORF	MD STATE
R	NAME KACZOROL	uski 25°	25 FLEET	S7. 750. DA	TE REC'D." BY REGISTRAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Solu 9	Court

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital ar attending physician.

BP

TO FUNERAL DIRECTOR: After this certificate has been upped by the attending physician and completely filled in by the fureral director, page 3 should be detached for use as the burial-transprenent term please entrare contaminate. Pages Land 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygens prior to burial, completing a removal.

mjury, or other troumatic event, the medical

MPORTANT: If them 21 is marked or them 18 them any

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WHICHER OLL S. T. I I THERE CLEEK CROOKER SHOOLEST BENEFITS DEALERMEN A CONTRACTOR OF THE PARTY OF TH

**DHMH - 17** 

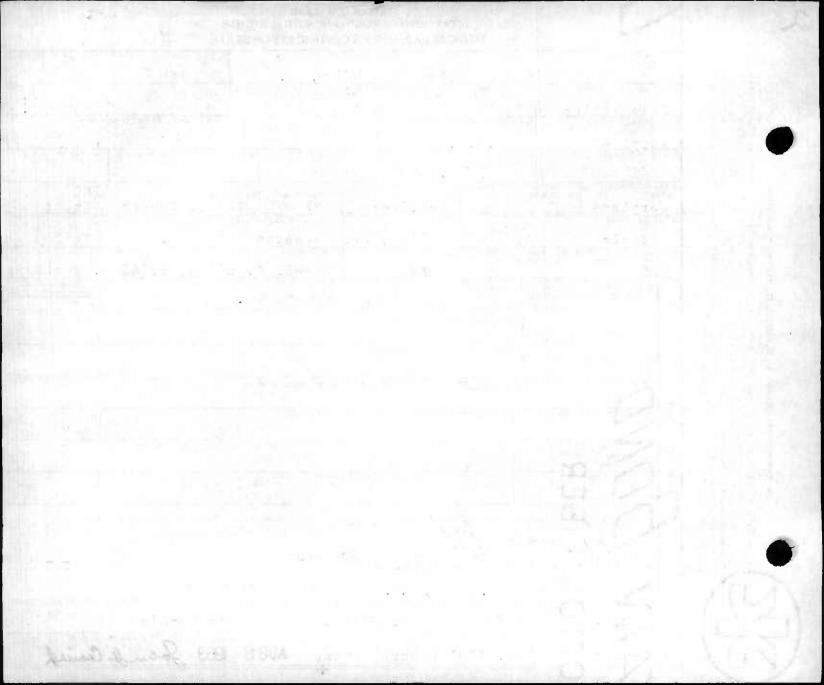
(VR A15 ME (5) 20M 4/82

lı	FOR STATE			EPARTMENT OF		MENTAL HY		071	07	
	REGISTRAR	FIRST	MED	ICAL EXAMIN						
	DECEASED NAME				LAST		20. DATE KN OF E DEATH MA	STI-	5 1983	2b. HOUR
3. S	EX 4	Denni	S PATE OF BIRTH	Allen	Bailey ARS IF UNDER 1			WONTH		M 2d. HOUR
			5 2.5	YEAR LAST BIRTHD	AYI MONTHS DAY		PRONOUNCE DEAD	D Q	6 1983	5:01 a. M
7 70	BIRTHPLACE (STA	Black	7b. CITIZEN OF WHA		RS. 2		9 BAITIMOR	E CITY OR COU		1 a , M
- 60	FOREIGN COUNTRY) Marylan	A	U.S.A		WIDOWED	NEVER MARRIED	Balti	more Ci	tv.	MD.
1) 10.	CITY OR TOWN O	OF DEATH	IL NAME OF HOSP	ITAL NURSING HOME	OR OTHER INST		26. USUAL OCCUPAT	ION (TYPE OF WORL		USINESS
1/	Baltimor	e	745	E. Presto	n Street		FOR MOST OF WORKING	(LIFE)	OK INDUS	IKI
	UAL RESIDENCE (II	F IN NURSING HOME OF	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ON)	IDE CITY LIMITS?	3e STREET ADDRESS	-	21202	
Acres 100	Marylan			Baltimo		X NO 🗆	745 E.	Prestor	n Stree	t
11/4	FATHER'S NAME FIRST		WIDDLE	LAST	15. MC	THER'S MAIDEN	MIDDL		LAST	
4	Dennis		A .	Bailey,		nnette		V.	Bail	еy
	WAS DECEASED (YES, NO, OR UNKNOW			166. SOCIAL SECURIT		ORMANT				
	NO			N/A	De	nnis A	.Bailey,	Sr.745		
	18 CAUSE OF PART I DEA	DEATH (Enter only	y one couse per line f	or (o), (b), and (c).) Sudden In	fant Doa	th Sundr	omo		APPROXIMA BETWEEN ONS	ET AND DEATH
	790	IMMEDIAT	E CAUSE (o)	S A CONSEQUENCE		III SYIIGI	One			
	Conditions	s, if any, which	DOE 10, OK 2	IS A CONSEGUENCE	Oi					
14		to immediate	(b)	S A CONSEQUENCE	OF		-			
	lying cous	e last.	(6)							
	PART 2 OTNER SIGI	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	IINAL OISEASE OR CONG	OITION GIVEN IN PART	l to			
A C										
7 3	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WAS PER	ORMED?			20 AUTOPS	(?
CERTIFICATION		W 100							YESXX	NO 🗌
			21b. TIME OF I HOUR A.M.	MONTH DAY YEAR	21c. HOW INJ	URY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	
MEDICAL	CONTRIBUTIN	G CAUSE OF D	P.M.	19 FINJURY (ATHOME.	21f LOCATION	1				
1 1 1 1 1	WHILE AT WORK			PRY, FARM, ETC.)	STREET	1	CITY OR TOWN		OUNTY	STATE
	AT WORK	AT WORK								
1	22st Learnify	that Mot charge	e at the remains desp	bed above, held on	Autopsy XX	, Inspection	. Inquiry L	, and in my	apinian	
	death resulted	d from Nature	ol couses XX	Refent L. Sy	-		Undetermined monni	er L.		
	ACTUAL /	10000	11/0/2	12.90		E (SPECIFY)	MEDICAL EXAMINI	DAT	E 8-6	_83
7	SIGNATURE_	uem	wayer	angel	M. D. 11.	551510111	MEDICAL EXAMINI	R SIGN	VEDO	05
1				//						
	EXAMINER'S N	NAME DE	ennis F. S	myth, M.D.	ADDRE	351	II Penn St	reet		
730	EXAMINER'S N (TYPE OR PRIN BURIAL, CREMATI	ION REMOVAL 2		23c. NAME OF CE		ATORY	23d. LOCATION		DUNTY	 Ma.

Wm C March F/H Inc. 1101 E North Avenue

AUG 8 1983

John J. Conick



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After this certificate hos been signed by the attending physician and campletely filled in by the funeral arreding and	£	alth and Mental Hygiene prior to burial, cremotion, ar removal.	
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~	e os the burial-tronsst permit. Then please remove corbonpopers. Pages 3 and 2 should be filed within 72 thau willing ceath	-	

STATE OF MARYLAND

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1.	STATE REGISTRAR			DEPARTA		ICATE OF DI			EG. NO.		
(TYP		FIRST		MIDDLE	BI	Ailey		2a DATE OF DE	ATH MONTH	16-83	26. HOUR 4
3. SE	Male	4.1	Blac	k	5. DATE C		1893	6. AGE (IN YEARS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
V	IRTHPLACE (STATE OR F		US		WIDOWE		ARRIED D	9 BALTO	. Cit	Y OF DEATH	MD
1	BALTO.	1	SON .	HOSPITAL, NURSING HEACILITY, GIVE STREET	HOS	PITAL	TUTION	TYPE OF WORK FOR Retir			F BUSINESS OR
- CO	AL RESIDENCE (IF NURS STATE aryland	13b. COUNTY	ER INSTITUTION.	Baltimo	N	134 INSIDE CIT	Y LIMITS?	13°2810°4	[[]lend]	Le Rd.,	3/2/16
	Edward	MIDI	DIE	Bailey		15. MOTHER'S	MAIDEN NAM	E,	DDLE	Baileÿ	ř
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	Anna Anna		2810 A Baltin	Allend] nore, I	Le Re 1.d 212	216
	PARTI. DEATH W  49/2  Conditions, if ony, gove rise to imm cause (a), stafin underlying couse	Which mediate g the	Y: AUSE (a) DUE TO, O	RAS A CONSEQUE	NCE OF Re	Cor Cor	Houses D.=	Lucky.	40 cm	APPROX BETWEEN Jan Yea	IMATE INTERVAL ONSET AND DEATH
NOI	PART 2 OTHER SIGN	VIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE ERMI	NALDISEAGE OR	CONTINUOUS STICE!	VEN IN PART I	0
CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY YES □ NO	IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	RLE [	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC.)	211. LOCATION	1	CIT	Y OR TOWN	COUNTY	STATE
	22a I certify that (I) sow the deceose above, (I) (we) (d	ed olive on	7/21	198	3 , an	d that in (my) (c	19 <u>&amp;</u> iur) opinian d	eath accurred an	the date and ho		that (I) (we) last causes stated
	226 SIGNATURE	ARI	un	han			TENDING IYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DATE	SIGNED

on BUFFAK 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

22e ADDRESS

1940

Burial 24 FUNERAL DIRE

8/20/83

MATORY

| 23d LOCATION | Prince Edward Co., | 25g DATE REC'D. BY REGISTRAR 25G REGISTRAR'S SIGNATURE | AUG 24 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

to FUNERAL DIRECTOR: should be detoched for us with the State Dept. of He MPORTANT: If he

rince Edward Jo. Va..

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 11	AG
REG. NO.	100

		REGISTRAR			CEKTIF	ICATE OF DEATHO	REG. N	0.	1 - 2 -	
7		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT) STELL	+	T. 6	3016	COWSKI	- 61	8 1	5 83	A. C.
	3. SEX	x 1	4 RACE		5. DATE C	4 1 2	6: AGE (IN YEARS LAST BIR	(THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	EMME	cmci	MICE	MONTH 2		69		MONTHS DAYS	HOURS MIN.
1			76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	The same of the sa
2	1	MR (JOHD	6.5		WIDOWE	D DIVORCED	BINTIN	ORR	CIT	MD.
6	-			HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
0		ALTIMORE	UNIVER	SITT OF	HMR	the least division	19			
5	130. S			131. CITY OR TOWN	V		130. STREET ADDRESS	-1151	STERR	All market
	_	THER'S NAME		SIDE! IM	0001	YES NO D		HEC	3 11 1212	- (
/		FIRST	AIDDLE	SIERAK		FIRST	WIGDIE	6	LS ZE	ST C K
~	_	PANK VAS DECEASED EVER IN U.S. AR	AED EODCESS	166 SOCIAL SECUE		17. INFORMANT	ADDR		CSZE	222
d	(1		WAR OR DATES)	214-10-		DUINESTITOS	hpprumo cons	22 5°	CARRA	L HB
		18 CAUSE OF DEATH (Enter on	v one couse per	line for (a), (b), and	(c).)					IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	BY: E CAUSE (0)			T HEMMOORI	RHAGE		1 .	OUR
		2030		R AS A CONSEQUE						
		Canditions, if any, which	( (b)	STAPHYLO	COCCI	S GPIOREMINIS	SAPTICARY	MA	Lan	ONTH
		gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF				1	
		underlying cause last.	(c)_	ACUTE	464	CIMPHOCETI	c LEUKAR	mA.	100	urrks
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	o'
	Ö							~ 4,s		1
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING	
4	RTIF		3				YES NO		S 🗌	NO 🗆
7		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	11b. TIME C HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER	_	M.	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
		AT WORK NOT WHILE					H			
		220.1 certify that (1) (this haspit			2 19	LX , 19 196	,			that (I) (we) last
-		saw the deceased alive an abave, (1) (we) (did) (did no	view the body		on, on	d that in (my) (our) apinion d	death occurred on the d	ate and hou	ir and from the	causes stated
		226. SIGNATURE	N			DEGREE			22c. DATE	SIGNED
		1~ N	ther			MD ATTENDING PHYSICIAN	MEDICAL STA	IAN	8/	12/83
		224. PHYSICIAN'S NAME (TYPE OF				220. ADDRESS / UNIV	FRSITY OF 1	N MEYC	th ann	DEPIYM
		IAN OL	-nerc	_		22 SIGRBER	or sir ba	九て, ル	orn m	21707
	23a B	UPIAL, CREMATION, REMOVAL	23b. DATE	2/1000 234N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	,	COUNTY	- 4 30%
	1	JURIAL	8/19	11783 H	141	TOSARY	DALTI	MOR	26	MD".

L. KACZOROWS GONZ 525/LEET ST.

DHMH - 16 50M 4/82 (VRA 15, 4)

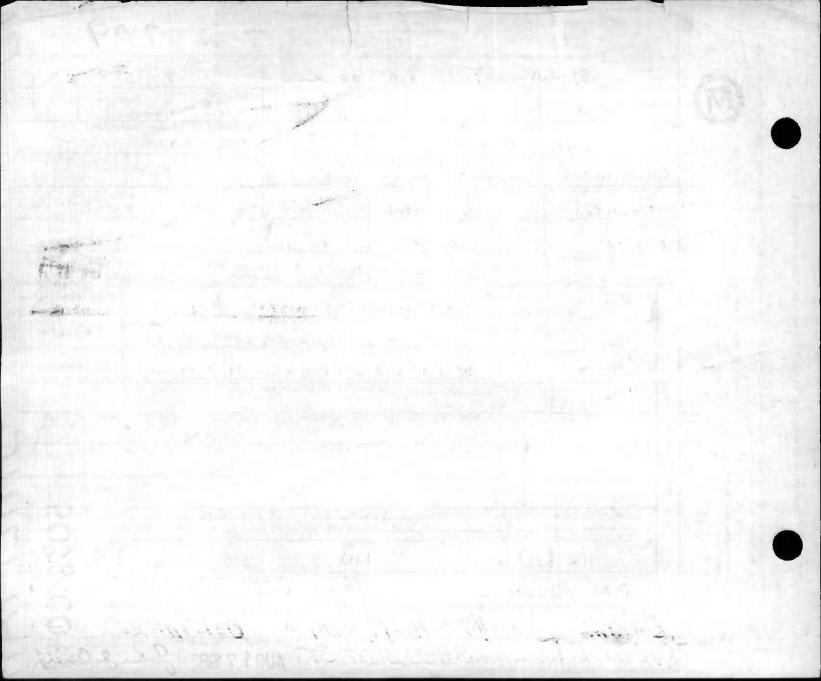
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detacked for use as the burial-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

etoined by the hospital or attending physician.

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injury, or other troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAPHYG CERTIFICATE OF DEATH	REG. NO.	
L	I. DECEASED NAME FIRST (TYPE OR PRINT)	Y G. (PORSCH)	BAK	20. DATE OF DEATH MON	09 83 607 PM
1	3. SEX		DET 2 1910	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
1	TO. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MAR YLAND	USA	MARRIED NEVER MARRIED NOT MARRIED DIVORCED	9. BALTIMORE CITY OR C	3177 MD.
1	BALTO	NAME OF HOSPITAL, NURSING UF NOT IN SUCH FACILITY, GIVE STREET ADI  BALTO, CITY	HOME OR OTHER INSTITUTION  PRESS!  HOS PITAL	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO ITOUSE W	DRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
1	MD BA	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AC UNTY 134, CITY OR TOWN PLTO	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 7421 CHF	SAPEAKE DR.
	ADOLF	RAKOWSK	15. MOTHER'S MAIDEN NA	ME	LAST
		ARMED FORCES? 166. SOCIAL SECURION OF WAR OR DATES)	3/5 SIGMUND D	ADDRESS	SAPEAKE DR.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line far (a), (b), and (see By: ATE CAUSE (o) Cardi	1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENT	stricular Fit	prillation	3 hours
	couse (01, stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	CE OF		*
		T CONSTIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
		DEATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF I	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR)	A, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive	spital) attended the deceased from 9 August 19 8	3, and that in (my) (our) apinion	, , ,	ond hour and from the causes stated
	226. SIGNATURE Rober	t & Sliner	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED  9 August 83
	ROBERT	J. SCIMAN	270 ADDRESS BALTIMORE		SPITAL
	236. BURIAL, CREMATION, REMOV.	8-13-83 HO	ME OF CEMETERY OR CREMATORY	M BALTO	BALTO M.D.
	24. FUNERAL DIRECTOR  JOHN M WEBER	TSONS INC. CHE	1015 CT. A	UG 1 5 1983	Colvery Colvery

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 strength with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

PLANS SERVE DE LA PROPERTIE DE THE BOTOLETY HOST INC. WELLED DEL ALPERAL MERCHANISM APPLE PRINCERS PLANS No State State State of State BURGAL - ELESS HEVERNSTEPH FILTE RIED MIL JOHN DE HELL KOOKE HAGE CHEETE SEE : ENGLISHED STEEL STEEL GAND

## requires that the death certificate be executed within 24 hours after death. Page 4 may be OR ATTENDING PHYSICIAN: The low or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the medica

IMPORTANT: If Item 21 is marked or Item 18 shows any

Cremation

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTACHYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST	io	J.	BA	-Ker	20. DATE OF DEATH	8/3	3/83	21.30 P
	1 SE	SIAM	White		Dec.	OF BIRTH  1,1904  YEAR	6 AGE (IN YEARS LAST B		IF GNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY) Md •	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY	OR COUNTY	OF DEATH	MD.
-		TY OR TOWN OF DEATH  Baltimore	11. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET HERAN HOS	G HOME C ADDRESS) Spita.	or other institution	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR			OF BUSINESS OR
)	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUP Md.		Baltimos	N		13e SIREEJ ADDRESS 5642 WOO	dmont	Avenue	29
1		THER'S NAME Henry C.	Baker	LAST		15 MOTHER'S MAIDEN NA/ Barbara	ME MIDDLE	F.	ladung	ST
	(1)	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Niss Margaret	Baker S	ame	50.50	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT (Conditions)	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEQUE	nce of	NOT RELATED TO THE TERM			N IN PART III	0
	CERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAI	RT 1 OR PART 2)	Y
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	Ī	220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	8/3	19 X		nd that in (my) (our) opinion o	, to 8/3 death accurred on the c	lote and hour	and from the	
		22b. SIGNATURE T	mon	9	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	3/83
		BICH T	DUON	G		LUTHER	AN HO	SPITI	AL	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTEN

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Aug.5,1983

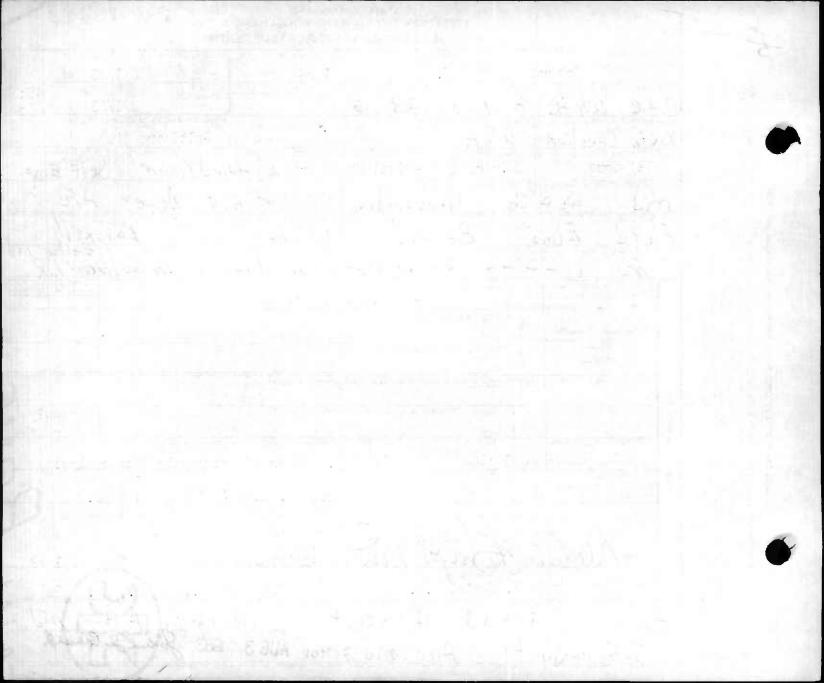
23d LOCATION
CITYORTOWN
Baltimore Westview Memorial

Md.

Balto.

7008+ AUR 8 1963 June 2 Court

		F.	OR		DEPA		HEALTH AND		NE 2	0 /	2	1
1			TATE EGISTRAR		MEDIC	AL EXAMI	NER'S CERTIF	ICATE OF DE	ATH	REG. NO.		
)			EASED NAME	FIRST	MIDD	(E	LAST		20 DATE KN OF E	OWN X MONT	H DAY YEAR	2b. HOUR
35	ET, LET,	(,,,,		Robert	F	•	Ballar	rdbr	DEATH M	ATED -8/1		A
ARY, PLE	AL DIRECTOR.  R YOUR FILES. HIN 72 HOURS  ESTON STREET,	MA MA	ale u	ihite	3 1 5:	28	PEARS IF UNDER TYR	HOURS MIN.	PRONOUNCE DE AD	8/1		12:51 A M
IS NECESS.	PAGE 5 FOR YOUR FILED, WITHIN 201 W. PRESTO	NOR		ANIOS	U.S.A.		WIDOWED -	DIVORCED [		imore Ci	ty	MD
DELAY IS	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Ba	1timore		University	Hospita	al Shock T		R MOST OF WORKING	ON (TYPE OF WOR OLIFE)	Se F E	MP.
FANY	SI, 2, AND 3TO PM 3. RETAIN P. VD 2 SHOULD BE WEAL RECORDS,	13a ST.	E C	136 COUNTY	130	CITY OR TOWN	13d. INSIDE	NO	IDEET ADDRESS	Dewey	Ave	401
DEATH.	AND 2	FI	HER'S NAME	Elmo	MIDDLE BA	MARd	W	HER'S MAIDEN NA	MIDDI	LA	NTRE!	
AFTER	IB. GIVE PAGES I, WITH FORM PM III. PAGES I AND DIVISION OF VEX.	Ióa. W.	AS DECEASED EV.	(IF YES, GIVE W		19-64-	8323 Wi	PARA MEA	dows	111 60	HAINY /	Pms
OUR	AIT. F.		18. CAUSE OF D	EATH (Enter anly I WAS CAUSED I	one cause per line for (a						APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
24 H	ITEM I LONG PERMI GIENE, VAL.	7	2160	IMMEDIATE			o-cerebral	injury				
Z	PENCIL IN ITEM MINER ALON TRANSIT PER ENTAL HYGIEI OR REMOVA			if ony, which		CONSEGUENCE	OF					
N.	V PENCIL XAMINER AL - TRAN MENTAL N, OR RE		couse (o) sto	ta immediate ting the <u>under</u> -	(b)	CONSEQUENCE	OF					
195			lying cause I	ast.	(c)							
BE EXEC	ENDING" IN I MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TE	RMINAL DISEASE OR CONDIT	TON GIVEN IN PART 1 (a)				
HOULD	WSED USED OF HE	MEDICAL CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDITION	OR WHICH OPE	ERATION WAS PERFO	DRMED?			Head TOY	ily No []
ATE S	MENT OF THE CONTRACT OF THE CO	8	210. EXTERNAL C	AUSE WAS	21b. TIME OF INJU HOUR A.M. MO		21c. HOW INJUR	RY OCCURRED IENT	ER NATURE OF INJURY	IN ITEM 18 PART 1 OR		
FIC	S SHOULD TO THE SHOULD TO THE SHOULD TO THE SHOULD TO THE SHOULD T	3	UNDERLYING CONTRIBUTING	MOR □ CAUSE OF DE	ITT TO DM	7/31/8		river of	motorcyc	le lost	control	
CERT		NE P	WHILE ON		21e PLACE OF IN.		21f. LOCATION STREET	T.	City or town		COUNTY	STATE
HIS	RWARD RWARD R PAGE STATE			T WORK	road	way	Doagues	Rd. near	Indian	Landing	Rd.	CN
33	AOM HIS		220. I certify th	at I took charge	of the remain described	l above, held on	Head Unity Autopsy	Inspection .	Inquiry [	, ond in my	opinion	
MIN	E H L		death resulted	rom: Natural	causes Accie	dent X	iuicide . Hon	nicide . Und	letermined mann	er ,		
AL EXA	EXECUTE THE CERTIFIC TO FUNERAL DIRECT AFTER DEATH, WIGHTH BALTIMORE, MARYJAI		ACTUAL SIGNATURE	lemi	o Hom	xhn		(SPECIFY) <u>SSISTANT</u> MI	EDICAL EXAMINI	DAT ER SIG	E NED 8/1/	83
O MEDIC	EXECUTE 1 PAGE 4 S TO FUNEI AFTER DE BALTIMOI			ME Dennis		M.D.	ADDRESS		nn St.,	Balto.,	Md. 2120	)1
	02749 P	B	RIAL, CREMATIO		-3-83		CREST	1	LOCATION BY ORTOWN	1. A.	A. N	ATE /
	DHMH - 17 R A15 ME (5)) 20M 4/B2	24 FUI	NAME TO A.	HARdes	ty ADDRESS A	orn. h	nd arto	AUG 3	<b>198</b> 3	John C	2 Collins	(



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be

retained by the hospital ar attending physician

	FOR STATE	
	REGISTRA	
DEC	EASEDNA	

page 3

executed within 24 hours after death, Page 4 may be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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- STATE REGISTRAR			RTIFICATE OF DEATH	REG	NO.	4 193	
I. DECEASED NAME RIPE (TYPE OR PRINT) Robe	Robert h	J. William	allard Sr	20. DATE OF DEATH	2/	83	8 AM
Male	4. RACE Cauca		MONTH DAY 1920	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  W. Va.	75. CITIZEN OF V		ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore Cit	_	itv	MD.
Baltimore	St.	Agnes Hos	spital	120. USUAL OCCUP (TYPE OF WORK FOR MO Driving	ST OF WORKING	LIFE) INDUSTRY	of Business OR Transi
Maryland Ba		GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN WOOdlawn	YES NO K	130. STREET ADDRES	ss Summ	it Ave.	21207
Cecil	MIDDLE	Ballard	Stella	F.		Hae	
(YES NO OR UNKNOWN) (IF X	CAVE MAR OR DATES	166 SOCIAL SECURITY 236-16-43			DRESS 517 Pas	sadena,	Md.2112
Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR  DUE TO, OR  (b)  E DUE TO, OR  (c)  ENT CONDITIONS CO	At Bompa		MINAL DISEASE OR CO	20b. IF Y		NGS USED
OR CONTRIBUTING CAUSE	DEDEATH HOUR A.A.	MONTH DAY	19 10	YES NO		YES [] 8 PART 1 OR PART 2}	NO []
The strike Notify Medical EAS  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify the (I) his is  sow the deceased divided of the strike of t	hospital) attended the	deceased from	3/17 19 8	CITY O	e date and h	COUNTY	that (1) (we) lost
22b. SIGNATURE  22d. PHYSICIAN'S NAME (	Sela	ofter death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	STAFF YSICIAN	22c. DATE	21/83
CHARLES	R. GRAT	Am TR.	299 Fred	lovick R.	e Bo	cet Nd	21228
230. BURIAL, CREMATION, REMO		-	e of cemetery or crematory llawn Cemeter:		wn I	Baltimo	
24. FUNERAL DIRECTOR Mac Nabb Fune	eral Home	e Catons		TE REC'D. BY REGISTR	PAR 25K REG	ISTRAR'S OGNA	there

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the

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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALTIMORE, MAKTLAND 21201	Pe -	em em
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours on with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

marked or Hem 18 shows any injury, or ather troumatic event, the medical

IMPORTANT: If Hem 21 is

DHMH - 16 50M 4/B2 (VRA 15, 4)

TRAR		DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND MI CERTIFICATE OF DE	NTAL HYGIEN
NAME	FIRST	MIDDLE	LAST	20

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	Ó	2	0	1	1	
CERTIFICATE OF DEATH		DEC 1	10			

1.	FOR STATE REGISTRAR		DEPART		FICATE OF	MENTAL TY		REG. NO.		
	CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
(TYP)	C/ace	ence	Α.	B	anks		8	17/8	3	7:30 (AM
3. SE		4. RACE		S. DATE O	OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	В	lack	1 C		14	68	YR	MONTHS DAYS	HOURS MIN.
	IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	~ D NEVE	R MARRIED	9. BALTIMORE			
	aryland	U.	S.A.	WIDOW		DIVORCED K	BALTT	MORE CI	ΨΥ	MD.
10. C	ALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET ON MEMORI	ADDRESS)	OR OTHER IN		12a. USUAL OC		126. KIND	OF BUSINESS OR
13a.	aryland			E ADMISSION)	13d. INSIDE	CITY LIMITS?			Street	21218
14. F/	ATHER'S NAME FIRST Thomas	MIDDLE	Banks	3		R'S MAIDEN NA L $\stackrel{\scriptscriptstyle{first}}{\mathbf{a}}$		IDDLE .	Will's	ans
	WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17. INFORA	MANT		ADDRESS		
(	YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	217-05-	-7560	Hele	en Banl	ks 316	W. 28	th Stre	eet
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	(b)	R AS A CONSEQUE	ENCE OF		differe	ntiated	Cance		
NO		ic obstr		_					OTTE TO STATE OF THE STATE OF T	
CERTIFICATION	196. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WASPERI	FORMED	20s AUTOPS		YES, WERE FINDERTIFYING CAUSE	
MEDICAL CES	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A	M. MONTH DA	AY YEAR	21f. LOCA		RED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2)	
WED	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	STRI		CI	TY OR TOWN	COUNTY	STATE
	220. I certify that (1) (this his sow the deceased alive above (1) we) to did (did 22). SIGNATURE	on Y/6 d not) view the body	after death.			ATTENDING PHYSICIAN [	death accurred of	STAFF		
236.	PAUL MIL BURIAL, CREMATION, REMOV	LER, M.D.	230 1		EMETERY O	NION MEI	MORIAL HO	N	COUNTY	STATE

CRownsville

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 110 T DREE North Avenue AUG 18 1983

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NUMBER OF BERNALDSON STREET STREET STREET

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fillic should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 spears any injury, or ather traumatic event, th

death. Page 4

#### STATE OF MADVIAND

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2	U	8	~

OR TATE EGISTRAR		DI	PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HY OTEN
SED NAME	FIRST	MIDDLE	LAST	20

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	Adi		AST	20. DATE OF DEATH MONTH	
H	ARRY Ca	lvin BA	RBER	8	21 83 2:50 a <sub>m</sub>
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Whit	e I	14 07	76 v	rs.
M. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
Maryland	U.S	.A. WIDOWE		BALTIMORE	MD.
10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME O		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE		ALT IMORE, MAR	RYLAND 21218	plant worke:	
USUAL RESIDENCE (IF NURSING HOLD 130. STATE	OUNTY	IVE HOLDEN E MINOS ADMISSION !	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21157
Maryland Ca	arroll	Westminster			onial Ave.
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
George	C.	Barber	Della	Mae ADDRESS	Lippy
60. WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	66 SOCIAL SECURITY NO. 216 03 6906	17 INFORMANT		
Yes	IIWW	210 03 0300	Mary C. Mar	rtin Westm	inster, MD
18. CAUSE OF DEATH (Ent. PART I, DEATH WAS CA	er only one cause per li	ne for (0), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (a)	JARDIO PUL	MONARY A	RREST	5-10min
2000	DUE TO, OR	AS A CONSEQUENCE OF			0.4
Conditions, if any, whice gove rise to immediate		RESPIRATOR	X FAILURE		20 days
cause (a), stating the	e DUE TO, OR	AS A CONSEQUENCE OF			20 days
	(c)	RENAL F			ac vags
	NT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	N GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	119h CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?   20b.	IF YES, WERE FINDINGS USED
<u>F</u>				YES NO THE	ERTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF	INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
OR CONTRIBUTING CALLES O	F DEATH HOUR A.M	MONTH DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXA	MINER) P.M		211. LOCATION		
	( AT HOME, STREE	T, FACTORY, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
220. I certify that (I) (this I	haspital) attended the	deceased from AUGUS	ST 2 19.83	to_AUGUST 21	1 19 83 , that X (we) last
saw the deceased aliv above, (X(we) (did) (d	e on AUGUST	21 19 83 . 0	nd that in 🍇 (aur) opinion	death accurred on the date and	d haur and from the couses stated
22b. SIGNATURE	(2002) view the body o	tter death.	DEGREE	All to the Contract of the	22c. DATE SIGNED
1 am	Mario	, 110	ATTENDING PHYSICIAN	MEDICAL STAFF	8/22/13
228. PHYSICIAN'S NAME	TYPE OR PRINT)	10110	22+ ADDRESS		
CHARRE	IFN: 1	ND.	V. A. Ho	SPITAL 39	700 Loch Raven
230. BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	234 LOCATION	
(SPECIFY) Burial	. 8/23/	83 Leiste	ers Cemeter	v Westminste	county state
24 FUNERAL DIRECTOR	11	101:0		E REC'D. BY REGISTRAR 256. P.	
N. D. Har	Der 1	Lew Winds	E, ///d. AU	1623 1983	Land Cancell

DHMH - 16 50M 4/82

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etained by the haspital or attending physician

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executed within 24 hours after death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 8 shaws any injury, ar ather traumatic event, the

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIERS

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- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	21214	AST	20. DATE OF DEATH	MONTH DAY		2b. HOUR
	DONALD	WII	LLIAM	BARLO	N .		AUGUST	17,83	1:05 A
3. SEX MALE		RACE WHIT	E	S. DATE C	G. 18 1936	6. AGE LIN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE	EORFOREIGN 7	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X	9. BALTIMORE CITY S	OR COUNTY O	FDEATH	MD
BALTIMORE	DEATH 1	VAF MED	HOSPITAL, NURSIN	ERESBA	DROTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O INDUSTRY COL	F BUSINESS OR
USUAL RESIDENCE (# 130. STATE MD •	13b COUNT CAR	THER INSTITUTION Y ROLL	GIVE RESIDENCE BEFOR  131. CITY OR TOWN WESTMI		13d. INSIDE CITY LIMITS? YES NO T	335 stone	r AVE.	21	1157
FATHER'S NAME	IAM H. "	IDDLE .	BARLÓW		IS MOTHER'S MAIDEN N	VIEVE MIDDLE		LAND	1
160 WAS DECEASED E	VER IN U.S. ARM	SED FORCES?	16b. SOCIAL SECU 212 32 6		17. INFORMANT BEVERLY ME		EAXON H		RIVE 21030
18. CAUSE OF D	EATH (Enter only	one cause per	r line far (a), (b), ar	nd (c \.)				BETWEEN	MATE INTERVAL DINSET AND DEATH
PART I. DEAT	H WAS CAUSED		Liver f	Allie	E				
1621	I IIII		R AS A CONSEQU	ENICE OF		1	5 100		The same
Canditians, if	anv. which	DUE TO, O	AS A CONSEGU	A	na motos	the		Luke .	
gove rise to cause (a), s	immediate	10)			9				1 1 1 3 4
underlying co		DUE 10, O	R AS A CONSEQU	ENCEOF					
PART 2 OTHER	SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	71
	DIGITICAL CO	JINDINONS C	OINTRIBOTHNO TO	DEATH BOT	NOT RELATED TO THE TEX.	MIIVAL DISEASE OR CON	OITION GIVE	4 11 4 1 AKT 110	
190. DATE OF OPI	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		
E						YES NO	YES		NO 🗆
210. ACCIDENT WAS		216. TIME C		AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)	
OR COLUMN THAT	CAUSE OF DEAT MEDICAL EXAMINER)	"	.M. MONTH D .M.	AY YEAR					
OR CONTRIBUTING		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
WHILE NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC.)	STREET	CITA OK IC	DWN	COUNIT	STATE
		al) attended th	e deceased fram_	Augu	St 12 10 83	, Augus	t 11 10	83	that (X (we) last
	eased alive on e) (did) (did)			83,	nd that in Kny) (aur) apiniar	death accurred an the o	date and haur a		
22b, SIGNATURE	e) (did) (did)	view the bady	atter death.		DEGREE			22c. DATE	SIGNED
7-24	1		LID		ATTENDING	MEDICAL STA			111
22d PHYSTCIAN	S NAME ITUDE OF	PRINT	711		PHYSICIAN 1228 ADDRESS	☐ DIRECTOR ☐ PHYSI	CIANJO	1	
D.ZIO	MAME (TIPE OK	ma	MD	138		laven Blud.	Balto.	Md 212	218
230. BURIAL, CREMATK	ON, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BURI	AL	8-20-	83 M	EADOW	BRANCH	WESTMINS	STER CA	RROLI	MD .

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Robert Kyle Prette b. Westmindy, met

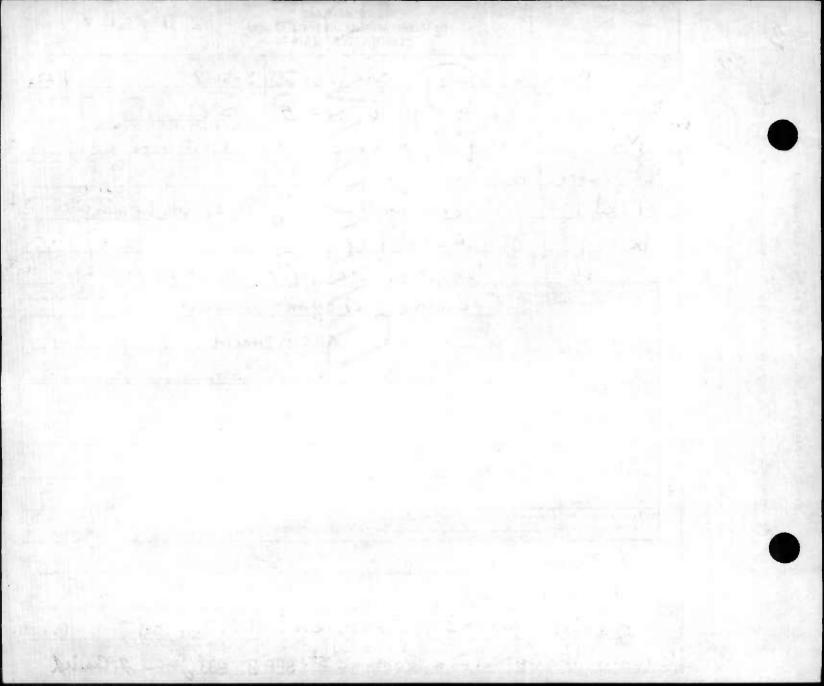
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CHARLES OF THE STATE OF THE STA	7.10
CHARMET VENEZ CARE CARE CARE CARE CARE CARE CARE CARE	
Carla	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mby be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funerprediction of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours Arier degit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.  IMPORTANT: If them 21 is marked or fem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	70. Bl 10 C S S S S S S S S S S S S S S S S S S	RTHPLA AL RESIL STATE  VAS DEC VES. NO OI  18 CAI PAI  Condi gove couse under
TO HOSPITAL OR ATTENDING PHYSICIAN: The low required by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Realth and Mental Pygiene prior to burial, cremation, or removal IMPORTANT; if them 21 is marked or them 18 shows any injury, or other traumatic event, it	MEDICAL CERTIFICATION	210. AC OR CON (IF EHI 21d. IN. WHILE AI WORK 220. I CO SOD 22b. SIC 22d. PH

DHMH - 16 50M 1/B1 (VRA 15, 4)

		FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND  HEALTH AND MENTAL LIFE  FICATE OF DEATH		0/1/	1
	1. DE	CEASED NAME FIRST	WIDDLE	EAST	REG. NO	AONTH DAY YEAR	Zb. HOUR
	(TYPE	OR PRINT!	R	20025	8-31-83	/	7.77
	3 SE	laggi	RACE S. DATE O	OF RIPTH	6 AGE (IN YEARS LAST BIRTH	IF UNDER I YEAR	IF UNDER 24 HRS
1	1	-e male	Black MONTH	H DAY YEAR	58 V	YRS. DAYS	HOURS MIN,
次		RTHPLACE (STATE OF FOREIGN 76.1	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED DIVORCED	BaltiMORE CITY OR	more Cit	MD.
4	10 CI	2 11.	NAME OF HOSPITAL, NURSING HOME ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  BON SECONDS HO	-d 1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 12b KIND C	DE BUSINESS OR
22	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Leting	343731
2	14. FA	THER'S NAME MIDD	Gurdy	15. MOTHER'S MAIDEN NAME Maggie.	widdle widdle	Gross	9
/		VAS DECEASED EVER IN U.S. ARMED (15 YES, NO OR UNKNOWN) (15 YES, GIVE WA		17 INFORMANT Evelyn Ta	ADDRES	s 21 W. Le	King tins
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b) CALD I A  DUE TO, OR AS A CONSEQUENCE OF  (c) ASCVD  IDITIONS CONTRIBUTING TO DEATH BUT	- CHF		ITION GIVEN IN PART 1(	a
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	ITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES YES	
9		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	27e. PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR FOW	n COUNTY	STATE
		22a.1 certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did nat) vii	19 01	nd that in (my) (our) opinion c	, ta death accurred an the dat		that (I) (we) last causes stated
		226. SIGNATURE Sharrow		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		SIGNED
		22d. PHYSICIAN'S NAME (TYPE OR PRIL	RUDDIN	22e ADDRESS			
	(	Burial	9-3-83 736 NAME OF S	EMETERY OR CREMATORY  ABURN CE	Da	COUNTY	nvid:
	724 FL	NAME THOUSAND	PSONT, H. But	mine St. SEF	e rec'd. By registrar 2	REGISTRAR'S SIGNAT	URE L



# 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the hospital or attending physician.

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FOR STATE REGISTRAR

8 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

	1. DEC	CEASED NAME	FIRST	A	NIDDLE	- L	AST	20. DATE OF DEATH	MONTH OF	AY YEAR	2b. HOUR
(TYPE OR PRINT) VIOLA					L.	B	00000		08/27	183	9:34 AM
	3. SE>		- (	RACE			OF BIRTH	6. AGE (IN YEARS LAST B		F UNDER 1 YEAR	IF UNDER 24 HRS.
					Black	MONTH	DAY YEAR 22	61	YRS.	ONTHS DAYS	HOURS MIN.
3		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY? 8.	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	- 1
2		rginia	333	U.S	_	IDOWE		Bolt.	Cit	V	MD.
ā.	10. CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NURSING H		OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
9	1:	saltime	2	Pr	ovident	- +	toepital.			1	
9		AL RESIDENCE (IF NURSI	NG HOME OF OT		GIVE RESIDENCE BEFORE ADA		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 6	2121	4
7	Ma	aryland		-	Baltimon		YES 🕅 NO 🗌	1824	Ashb	witor	~ ST.
	14. FA	THER'S NAME	MI	OOLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	T
E)		Fred			Lawrence	_	Carrie			Jone	es
1	160. W	VAS DECEASED EVER	IN U.S. ARMI		16b. SOCIAL SECURIT		William Bar Mary Barne	rnes		C+-	
		NO OR UNKNOWN)			229-22-60	599	Mary Barne	s 1824 As	hburt		
		18. CAUSE OF DEATH PART 1. DEATH W.			line far (a), (b), and (c	O .	-		1	BETWEEN	MATE INTERVAL ONSET AND DEATH
			IMMEDIATE		Cardi	You	Julmonary	arres	77		
		2505		DUE TO, OI	R AS A CONSEQUENCE	EOF	/			1 - 100	
		Canditions, if any, gave rise to imm		(b)	5	20	515				
		cause (a), stating	g the	DUE TO, OF	AS A CONSEQUENCE	E OF	(1-1)	. )	CV3	V -50/	
				(c)	Dial	set	s mellitis	renal In	-2020	- y	
	z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>CC</u>	ON I RIBUTING TO DEA	IH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ADII ION GIVE	N IN PART III	3,
	ATIC	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	7200 AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
7	CERTIFICATION							TYES TO NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
4	ERT	21a. ACCIDENT WAS UND	ERLYING	216. TIME O			21c HOW INJURY OCCURR				
1		OR CONTRIBUTING C		170	M. MONTH DAY	YEAR 19					
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE		19	21f LOCATION				
	ME	WHILE NOT WH	ILE 🗍	( AT HOME, STR	EET, FACTORY, OFFICE, FARM	, ETC )	STREET	CITY OR T	DWN	COUNTY	STATE
		22a.   certify that (I)		l) attended the	e deceased fram	7/	14 , 19 8	5 , to 8	1271	9/53	that 📢 (we) last
		saw the decease	alive an_	view the body	8/27/19 83	, 0	nd that in my (aur) opinion o	death accurred an the	ate and hour	and from the	causes stated
		22b. SIGNATU-E	and that?	1 21	One dedin.		DEGREE		11. 14.	22c. DATE	SIGNED
		1	Dock	bell	Buch	40	ATTENDING PHYSICIAN		AFF ICIAN D	18/	27/83
	-	226 PHYSICIAN'S NA	ME (TYPE OR F	1 0			22e ADDRESS	11 51	Devi	t. of	Medizne
		JIR	ando	cl (3	yra, M.	D.	Provident	ttosp. to		Balt.	MO
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. NAA	AE OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	(	BURTAL	100-	9/1/8	3 Mou	nt	Auburn Cem.	Baltimo	ore,	COUNTY	Md.

Wm C March F/H Inc. 1101 North Avenue AUG 29 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic ment, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or tem

	ETT BOOK	
Your		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death, retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any rajury, or other traumatic event, the medical examiner must be notified at

1 1	5	1/4	1	4	-

ad you

	Item 7aPer Ph. FOR STATE REGISTRAR	call fro		MENT OF I	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		ENES 2	0 7 1	9
	I. DECEASED NAME FIRST	J I I I I I I	MIDDLE		LAST		20. DATE OF DEATH MO	ONTH DAY YEA	AR 2b. HOUR
	(TYPE OR PRINT) GILBI	CRT T	HORN	BAR	NETT		August 18.	1983	AA
	3 SEX	4 RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS
	Male	Wh			11 18, 19	12	71	YRS.	DAYS HOURS MIN.
	70 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARR	RIED 🗆	BALTIMORE CITY OR	COUNTY OF DEAT	н
1	Maryland		1 States	WIDOWI			Baltimore	e City	MD.
1	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACHLITY, GIVE STREET		OR OTHER INSTITUT		12a. USUAL OCCUPATION		ND OF BUSINESS OR
	Baltimore	515	S. Wash		n St.		Steel-worke		th. Steel Co
	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COI	OR OTHER INSTITUTION	130 CITY OR TOV	RE ADMISSION)	1 13d. INSIDE CITY LI	IMITS?	13e. STREET ADDRESS		1 21
	Maryland -		Baltimo		YES NO	_		. Washing	ton St.
	14. FATHER'S NAME				15. MOTHER'S MA	IDEN NAM	E		302 001
1	Patrick Walk	MIDDLE	Barnett		Cleo		WIDDLE	Jacks	LAST
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS		OII .
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	236-20-	1037	Monar Po	mno++	40 S. Ellwo	20d Arra /	01001.)
	18. CAUSE OF DEATH (Enter				Mary Da	Thect	40 D. ETTM		PROXIMATE INTERVAL VEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS  42 92 IMMEDI  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, O	ARTERIO R AS A CONSEQU R AS A CONSEQU	ENCE OF	ROTIC	Q.U	7. 0 -	2	ylars.
	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	ANDISEASE OR CONDIT	PLACE	RT 1(o)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			Ob. IF YES, WERE FILE N CERTIFYING CAL YES	
	210. ACCIDENT WAS UNDERLYING	21b. TIME C		AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PAR	T 2)
		EAIH	M. MONTH D	AY YEAR					
	OK CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE			211 LOCATION STREET		CITY OR THWN	COUNTY	STATE
		220.1 certify that (1) (this haspital) attended the degreesed from 19 19 19 19 19 19 19 19 19 19 19 19 19							
	anw the deceosed olive of	on	otter death	22.01	nd that in (my) (our)	opinion de	eath accurred on the date	and hour and from	the couses stated
	The SIGNATURY	2 Kan	Par	un	DEGREE ATTEN		MEDICAL STAFF DIRECTOR PHYSICIA		8/19/12
ì	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		(1)	22e. ADDRESS	CIAIN Z	DIRECTOR   THISICIA		- ( - ( - )
	Irvin B. R	aplan			129 S.	Broad	dway (Balt.,	Md. 212	31)
	23a. BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	COUNTY	STATE
	Burial	Aug.22	2,1983 0	akLaw	n Cemeter	У		ltimore C	o., Md.
	24 FUNERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGISTRAR 251	GISTRAR'S SIG	NATURE
	Lilly & Zeiler	Inc. 19	Ol Easter	n Ave	./ 21231	AUG	191983	John of	Cohelp

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n signed by the ottending physician and completely

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IMPORTANT

### STATE OF MARYLAND

1.	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. N	MONTH DA	AY YEAR 26. HOUR		
	E OR PRINT)	10	Bar	00-44	2/32/8	3	26.1100		
2 SE	Irene	E.			6 AGE (IN YEARS LAST BI	7	FUNDER I YEAR IF UNDER 24 HRS		
MONTH				DAY YEAR			ONTHS DAYS HOURS MIN.		
Female White			Jan.	12, 1918	65				
76. BIRTHPLACE (SLATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MA			MARRIE	ED NEVER MARRIED 9 BALTIMORE CITY OR COUN					
Maryland U.S.A. WIDOWED				Baltimore City,					
10. C	Baltimore	Baltimore C	TREET ADDRESS)		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	OF WORKING LIFE	126, KIND OF BUSINESS OR INDUSTRY Home		
USU	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	pr vars					
Ma	aryland   Bal	timore 21:	234	13d INSIDE CITY LIMITS?	7808 She	pherd	Avenue 2123	4	
4. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MEMIDDLE		1467		
			rue	Irene	Elba		Craig		
			SECURITY NO.	17 INFORMANT	ADDR	ESS	21234		
(	YES NO OR UNKNOWN) (IF YES, GIV	E-WAR OR DATES) 214-0:	1-6951	Catherine 1	L. Miller	7808 5	ShepherdAve.		
	Conditions, if any, which	D BY: E CAUSE (0) Cardial  DUE TO, OR AS A CONS  (b) Security	Arvest				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 WU 5		
	gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Biluteral Below Guer amputations								
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.								
CERTIFICATION	19a DATE OF OPERATION	60441100 FOR WI	HICH OPERATION				S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \sqrt{N} \)		
	21a. ACCIDENT WAS UNDERLYING	THE HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE					
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC )	21f LOCATION STREET	CITY OF TO	WN	COUNTY STATE		
	27a. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did noi 27b. SIGNATURE	8/27/83	19, on	d that in (my) (our) opinion of the companion of the comp	_ MEDICAL STA		nond from the couses stoted  22c. DATE SIGNED		
	22d. PHYSICIAN'S NAME (TYPE OF VICTOR V	Villarrea	/	8. Iti more			14/9		
23a. E	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		COUNTY STATE		
	Burial	Aug. 26, '83	Poplar	GroveChurc	ch Baltim	ore Co	D., MD		
24 Ft	JNERAL DIRECTOR			25a. DATI	E REC'D. BY REGISTRAR		AR'S SIGN PURE		
Wi	lliam E. John	nson8521 Loc	ch Rave	en Blvd. AU	<b>624 198</b> 3	John	- Or committee		

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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the burial transit permit. with the State Dept. of Health and Mental Hygiene prior

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DIVISION OF VITAL RECORDS, 201 W. TRESTON ST., DALLIMORE, MANIET ALLON	=
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the deoth certificate be executed within 24 hours of retained by the hospital or ottending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natified at any

4 may be

STATE OF MARYLAND

						ERTIFICATE OF DEATH  REG. NO.					
DEC	CEASED NAME	FIRST	A	NIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
	OR PRINT!	arsha	// C	alvin	Bar	tles		8 28	- 83	9 30	
3. SEX 4 RACE 5. DATE C						6. AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS		
M White Mont			MONTH	24. 03	80	YRS.	ONTHS DAYS	HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.			TRY? 8.	NEVER MARRIED . P. BALTIMORE CITY OF COUNTY OF DEATH			OF DEATH				
West Virginia			USA		WIDOWE	ED DIVORCED	BAHo City				
11. NAME OF HOSPITAL, NURSING HOME OF HOSPIT			OR OTHER INSTITUTION	17a USUAL OCCUPAT			F BUSINESS OR				
100	cete. Mr	2 .	EA	MINTO	L. Sheet	rsing Home	100		Gov'	t.	
U5U/	AL RESIDENCE (IF NURS	ING HOME OF OT		13c. CITY OR	TOWN	1138. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	rvland	130 000141	Baltimor			YES X NO 6009 The Ala			Lameda 21239		
	THER'S NAME			Dane		15. MOTHER'S MAIDEN NA					
1. ( )	FIRST		DDLE	LAST		FIRST	MIDDLE		LAS	T	
	William	Calvir	Bartl	es		Minnie	Llewellyn				
	VAS DECEASED EVER			166. SOCIAL S	SECURITY NO.	17. INFORMANT	ADDR	RESS			
(1	(ES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	086-1	6-8036,	Dolores E.	Bartles	Same			
TION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERAL	which nediate g the last.	DUE TO, OF  DUE TO, OF  DUE TO, OF  (c)  DUDITIONS CC	wma	TO DEATH BUT	NOT RELATED TO THE TERMON WAS PERFORMED	Thung  MINAL DISEASE OR COM		N IN PART 110		
TIFIC,	The Control of the Co			THE TOTAL THE		IN CERTIFYING CAUSES OF DEAT					
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRI	AUSE OF DEATH AL EXAMINER)  RED  LILE  (this haspital adjuve on the did nat)	P.I. 21e PLACE ( (AT HOME, STR	M. MONTH M.  DF INJURY EET, FACTORY, OF	om 8 3	nd that in (my) (asset) apinion DEGREE ATTENDING	CITY OR T	OWN , 1 dote and hour	county  9 3  ond from the		
02	Vas	18	BLE	3 /	nD	3802 Jule	Siro mid	SISI	que		
230 8	BURIAL, CREMATION,	KEMOVAL	236. DATE	/		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	3.4	COUNTY	STATE	
	Burial		Aug. 3	1,1983	Par	rkwood	Parkvil1	e, Balt	to. Co.	Md.	

25a DATE REC'D.

BY REGISTRAR 25b.

PARTICIPATION ADDRESS 6500 York Rd. Participation Address 6500 York Rd. Participation Participation Process 6500 York Rd. Participation Process 6500 York

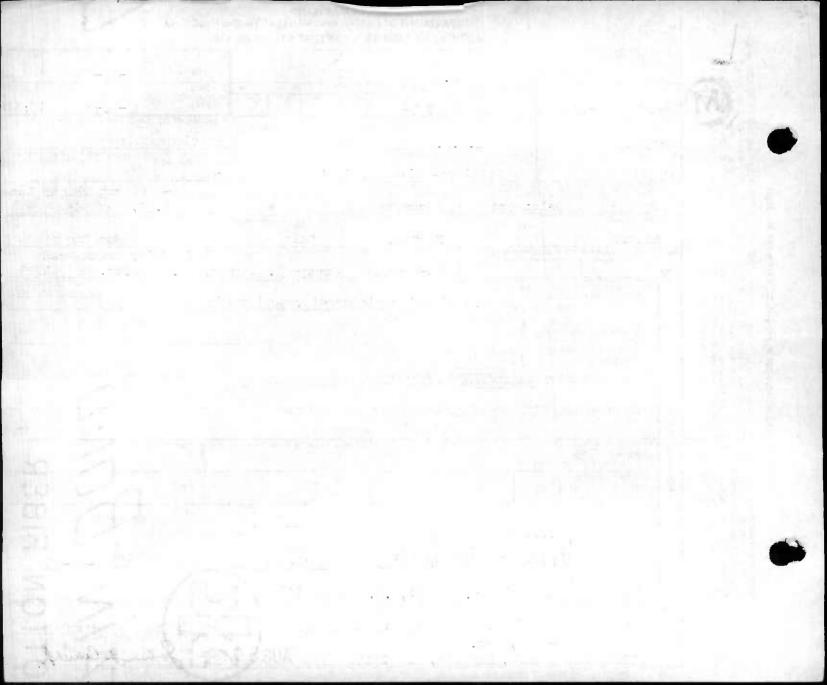
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STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, p should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGISTE CERTIFICATE OF DEATH

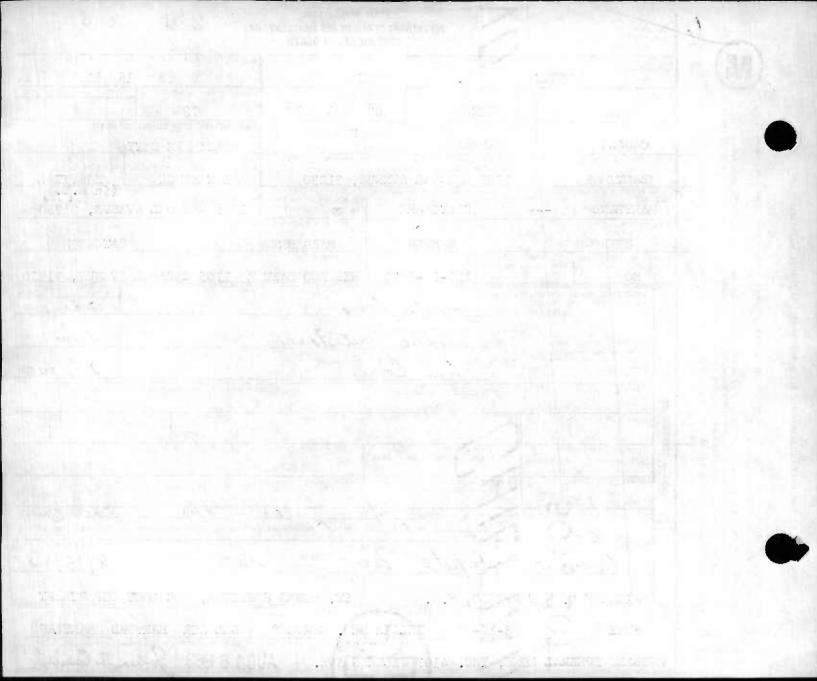
							REC					
	CEASED NAME FIRST		MIDDLE	LA	51		20. DATE OF DEAT	H MONTH	DAY	YEAR	26. HOU	R
( . reg (	ALBERT	2	H.	BAX'	<b>TER</b>			08	15	83	1	TA
3. SEX	X	4. RACE		5. DATE O	FBIRTH		6. AGE (IN YEARS LA	T BIRTHDAY)		ER 1 YEAR	IF UNDER	
	MALE	WHI	TE	02	04	10	7	3 YRS	MONTHS	DAYS	HOURS	M II
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	TXI NEVED	MARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF D	EATH		
	CANADA	CAN		WIDOWE	D D	NORCED	BALTIM					
10. CIT	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120. USUAL OCCU			. KIND O	FBUSINE	55 0
-	BALTIMORE	1705	CASADEL	AVENU	E, 212	30	MAINTEN	ANCE		HOS	PITA	L
USUA 13n S	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		124 INISIDE	ITY LIMITS?	13e. STREET ADDRE	:00	(	in N	·Y.)	
	MARYLAND	-	BALTIMOR		YES X	NO [	1705 CA	SADEL	AVEN	UE,	2123	0
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			LAS	,	,
	UNKNOWN	MIDDLE	BAXTER	211	MA	RGARET	Milo		CA	TERS		
	VAS DECEASED EVER IN U.S. AF		166. SOCIAL SECU	RITY NO.	17. INFORM		A	DRESS				
(1)	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	121-32-9	432	MILDR	ED BAXT	ER 1705	CASADE	L AV	ENUE	, 21	23
	18. CAUSE OF DEATH (Enter G	nly one couse per	line for (a), (b), one	d (cf.)						APPROXI BETWEEN	MATE INTER	VAL
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  HESALUE  Coma											lags	_
11 > 9 IMMEDIATE CAUSE (0) Nepalle Coma											1	-
Conditions, if any, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF The Clasters  (b) Me satisfy The Clasters										1200		
										1 mo.		
gove rise to immediate cause (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Conservation of Conservat									. /			
									1 - YOZS			
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT I	OT RELATE	TO THE TERM	INAL DISEASE OR C	ONDITION	SIVEN IN	PART 10	31	
5												
일												1
FICATIO	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPSY?		ES, WER		OF DEAT	
RTIFICATIO				OPERATION	G.		YES NO	IN CER	TIFYING	CAUSES		H?
CERTIFIC	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	DF INJURÝ	OPERATION	G.			IN CER	TIFYING	CAUSES	OF DEAT	H?
		21b. TIME C	DF INJURÝ	1	G.		YES NO	IN CER	TIFYING	CAUSES	OF DEAT	H?
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME C HOUR A. R) P.	DF INJURY M. MONTH DA M. OF INJURY	AY YEAR	G.	NJURY OCCUR	YES NO	IN CER	TIFYING YES   B PART 1 OF	CAUSES	OF DEAT	H?
CAL	21a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED  WHILE NOT WHILE	21b. TIME C HOUR A. R) P.	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW IP	NJURY OCCUR	YES NO	IN CER	TIFYING YES   B PART 1 OF	CAUSES	OF DEAT	H?
	21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME C HOUR A. R) P. 21e. PLACE (AT HOME ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FI	AY YEAR 19 ARM.ETC)	21c. HOW IN	ON 19 83	YES NO RED (ENTER NATURE OF	IN CER	TIFYING YES S 8 PART 1 OF	CAUSES RPART 2) DUNTY	OF DEAT	H?
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hasp	21b. TIME C HOUR A. R) P. 21c. PLACE (AT HOME ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F- ie deceosed from	AY YEAR 19 ARM.ETC)	21c. HOW IN	ON 19 83	YES NO	IN CER	TIFYING YES S 8 PART 1 OF	CAUSES RPART 2) DUNTY	OF DEAT	H?
MEDICAL	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE 21a, INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a, I certify that (I) (this hasp saw the decosed alive or above, (I) (we) 2012 (did not	21b. TIME C HOUR A. R) P. 21c. PLACE (AT HOME ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F- ie deceosed from	AY YEAR 19 ARM. ETC)	21c. HOW IF	ON 19 83	YES NO RED (ENTER NATURE OF	IN CER	TIFYING YES  8 PART 1 OF	CAUSES  RPART 2)  DUNTY  from the	of DEAT NO S	H?
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retained by the haspital or attending physician.

(VRA 15, 4)



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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HIS CERTIFICATE OF DEATH	REG. NO.	Cha
	CEASED NAME FIRST	WIDDLE	Baxter	20 DATE OF DEATH MONTH	8-83 543 8-83 543
3. SE	-	1. RACE	S. DATE OF BIRTH  MONTH DAY YEAR  / C & O	X3 YRS.	IF UNDER 1 YEAR IF UNDER 2 HRS MONTHS DAYS HOURS MIN.
	COUNTRY) Maryland	is citizen of what country?	MARRIED NEVER MARRIED WIDOWED DIVORCED	CITY	WE
1	Balt.	11. NAME OF HOSPITAL, NURSING IF NOTING SUCH FACILITY, GIVE STREET A	ith Ave.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
13a. S Ma	aryland 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13. CITY OR TOWN BALLIMOTE	YES NO NO	5916 Marluth Ave	21206
14. FZ	ATHER'S NAME William	Wilson	15. MOTHER'S MAIDEN N Mary <sup>RST</sup>		ender LAST
1	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 16b. SOCIAL SECUR WAR OR DATES) 212-10-64		ADDRESS Baxter, 5916 Marlu	th Ave.
	PART I. DEATH WAS CAUSED  Conditions, if any, which gove rise to immediate cause (a), stoling the underlying couse last.	CAUSE (a) Emply	NCE OF Heart Fai	lure	2 years
NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART 11g
FICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
CAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIFE EITHER. NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	21s. HOW INJURY OCCU	YES NO YE YES NO YE YES NO YES NO YES NO YES NO YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and established for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

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I director, page 3 hours ofter death

## STATE OF MARYLAND

1.	STATE REGISTRAR	CHAVE		DEPARIA		ICATE OF DEATH		G. NO.			
	CEASED NAME E OR PRINT)	AT LE		nmi)	BI	TAST TYNE	2a. DATE OF DEAT	H MONT	DAY 22	83	26 HOUR 920 A A
3. SE	× FEMAL		RACE	$\mathcal{N}_{ ext{HITE}}$	5. DATE (		6. AGE (IN YEARS LA		MONI	MS DAYS	IF UNDER 24 HRS HOURS MIN.
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13a.	al residence (15 nurs state RYLAND	BALTII		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  DUNDALK		134. INSIDE CITY LIMITS?	13e STREET ADDRI 6934 SOI		POIN	T RD.	21222
14. FA	ATHER'S NAME FIRST MAX	MIDE	DLE	KANDEI		15 MOTHER'S MAIDEN NA FIRST LEA	MIDE	LE		PASAN	
	NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMEI (IF YES, GIVE WA		216.01.9		CALVIN C. BA			LARE MD. 2	1222	
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	couse (o), stotin underlying couse	lost.	(c)	r as a conseque	NI	A		-			
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MEDICAL	21d. INJURY OCCURE	ILE [	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		OR TOWN		COUNTY	STATE

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on \$\frac{7}{2}\frac{12}{2} sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23b. DATE

4940

BALTO

230. BURIAL, CREMATION, REMOVAL BURIAL

8/25/1983

73c. NAME OF CEMETERY OR CREMATORY CEMETERY PARKWOOD

22e. ADDRESS

23d. LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

24. FUNERAL DIRECTOR

WALITER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

250. DATE REC'D. BY REGISTRAR 232 REGISTRAR'S SIGNATURE AUG 23 1983

that (I) (we) lost

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

etoined by the hospital or attending physician

ATTENDING

TO HOSPITAL

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

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IMPORTANT: If Item 21 is

njury, or other troumotic

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

arector, page 3 nurs offer death

### STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 2

REGISTRAR		CENTILICATE OF	- LATIN	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Leo.	la	BEA		August 16,	1983	8:52A M
3. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Female	Black	4 5	34	49 yr	RS.	
7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVEL	MARRIED -	9. BALTIMORE CITY OR COU	NTY OF DEATH	
Maryland	U.S.A.		DIVORCED [	Baltimore C	ity	MD.
10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Maryland Gen			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CO	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 131. CITY OR TOW Baltim	N 136. INSIDE	CITY LIMITS?	13e. STREET ADDRESS 462 Manns	Court	21201
14. FATHER'S NAME FIRST Leon	Mc Kinn		R'S MAIDEN NAA Bertha	WIDDIE	Walk	er
160. WAS DECEASED EVER IN U.S.	. ARMED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORM	MANT	ADDRESS		
NO	217-34-	9326 Dian	e McKi	nney 462 Man	ns Cour	t
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE	ENCE OF	ED TO THE TERM	20a AUTOPSY? 20b. II	GIVEN IN PART 10 FYES, WERE FINDING CAUSES YES	NGS USED
	F DEATH HOUR A.M. MONTH DA	AY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		NO []
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Welen o	Telen Down M.D.			MEDICAL STAFF DIRECTOR PHYSICIAN	0 /3 6	
22d PHYSICIAN'S NAME (T Helen Dow		22e. ADDR		d General Hosp.	ital	
23a. BURIAL, CREMATION, REMO		ng Memori		Randallsto		M d'ATE
24. FUNERAL DIRECTOR Wm C March F	/H Inc. 1101DDRESS	North Ave	nue AU	G 1 7 983 PAR 16 RE	GISTRAR'S SIG	with

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STREET CASE TO THE PROPERTY OF THE PROPERTY OF

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NE 6

AUG 1 6 1983

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	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	6. NO.				
	CEASED NAME FIR	Va	MIDDLE	R	AST POL	20 DATE OF DEAT	н момтн	12 12	YEAR 83	26. HOUR	HAN
1.56	EMALE		ITE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAS	YRS	MONTHS	R I YEAR DAYS	IF UNDER 2	
5	RTHPLACE (STATE OR FOREIG	1 45,	WHAT COUNTRY?  POSPITAL, NURSIN	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CIT	70. C	ITY	KIND OF	BUSINE	MD.
d50	AL HE IDENCE (IF NURSING H	BAU DME OR OTHER INSTITUTION		ADMISSION)	OSPITAL	THEOF WORK FOR MC	<u> </u>	LIFE) IND	USTRY	2	+
	ATHER'S NAME	14LTO.	ESSE	Y	13d. INSIDE CITY LIMITS?  YES NO 15. MOTHER'S MAIDEN NA.		BUCK	1301	PRD	C.	ME
	LARENCE WAS DECEASED EVER IN U.		166 SOCIAL SECU		ELVA 17. INFORMANT	AD	DRESS		IN	K	
	8 CAUSE OF DEATH (En	res. GIVE WAR OR OATES)	219-52-3		Huggand /	PRTHUR	BER	U I a	APPROXIM ETWEEN ON	A BS	VAI DEATH
	Conditions, if any, whi gave rise to immedia couse (a), stating t underlying cause la	$ \begin{array}{c} \text{ch} \\ \text{te} \\ \text{he} \\ \text{st.} \end{array} $ $ \begin{array}{c} \text{(b)} \\ \text{DUE TO, O} \\ \text{(c)} \\ \end{array} $	RA CONSEQUE	NCE OF	ni als	cess			4 d	lay	s wn
AL CERTIFICATION	PART 2 OTHER SIGNIFIC  IN DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING  CAUSE IF EITHER, NOTIFY MEDICALEX.	F 3 Pen  NG  21b. TIME CO OF DEATH  OF DEATH	ITION FOR WHICH	OPERATION	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURE	200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING C YES []	FINDING AUSES C		
MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	C11Y O	RIOWN	col	UNTY	ST	ATE
	220.1 certify that (1) (this saw the deceased all abave, (1) (we) (did) (c. 177). SIGNATURE  THE PHYSICIAN'S NAME  EVENUE  EVENUE  THE PHYSICIAN'S NAME	ve an additional view the bady	es m  SPt7	D, F		MEDICAL S DIRECTOR PHY	TAFF				
230 8	BURIAL, CREMATION, REMO	AUGUS.	15,98 /	FOLL,	METERY OR CREMATORY  Y HILL	23d. LOCATION CITY OF TOWN	MESH	COUNT	9270	51/	200

HOME 300 MACE AVE

BP\_\_\_\_

TO FLASERAL DIRECTOR, After this certificate has been signed by the attending physician should be detached for use as the burnal framis permit. This please remove carbon popers, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT If them 21 is marked at Item (8 shows any injury, or other traumatic event, them

ATTENDING PHYSICIAN, The

DHMH - 16 50M 1/81 (VRA 15, 4) WHITE TO SEE THE STATE OF THE S THE R. L. LEWIS CO. LANSING MANY AND ASSESSMENT OF THE PARTY OF THE PA The many some of the state of the second THE STREET STREET The Board Broke Care and the Commence of the C THE RESERVE THE PROPERTY OF THE PARTY OF THE

death. Page 4 may be

rol director, page 3 72 hours ofter death

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STATE OF MARYLAND

13	0	1	(7)	-
2	U	1	2	-

	1 -	STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	HIGENE	REG. NO.			
ľ		EASED NAME FIRST  PRINT)  EARL	LEE	BEALL	ST	2a. DATE O	F DEATH MONTH	10	VEAR	11:25A
3	. SEX		White	S. DATE OF	F BIRTH 23-1923			RS.		IF UNDER 24 HRS
7	a. BIR	OUNTRY (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED DIVORCED	BAI	TIMORE C		DEATH	MD.
1		ALTIMORE	VAFMEDICALY, CI	NTERESBAL	TIMORE MD		OCCUPATION RK FOR MOST OF WORK		2b. KIND C	of BUSINESS OR
1	34.5	THE IDENCE (IF NURSING HOME OR OT ATE 131 COUNTY BREEK	HER INSTITUTION GIVE RESIDENCE  13c, CID OR  LONG	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN	235	ADDRESS PRESER	ich	ave	. 2122
1			Bear Bear	el	FIRST	0-51	WIDDLE	Be	ule	el
1	60: W	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL 212 21	SECURITY NO. 2	Kellie 21.	Beall.	2359 G	esence	Lan	e.2122
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF	y obstr	nction				
	NOI	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing</u>	G TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEA				THE P
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	YES Y				NGS USED S OF DEATH? NO []
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	
	WED	214 INJURY OCCURRED  WHILE ON OT WHILE OF WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		abave, (X(we) (did) (acknow)		19 <u>83</u> , on	d that in (My) (aur) opin	, 10	red on the dote on		d fram the	
	8	226. SIGNATURE, Colo	natus		ATTENDIN PHYSICIA		STAFF	-	8/10	SIGNED 0/83
		22d. PHYSICIAN'S NAME (TYPE ORF	ria my		3900 Loch	Raven 1	Blvd. Bal	eto.	Md 2	21218
f	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 62	ASC NAME OF CE	METERY OR CREMATO	DRY 23d. LOC	ATION TY OR TOWN	000	OUNTY P	STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon paperal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

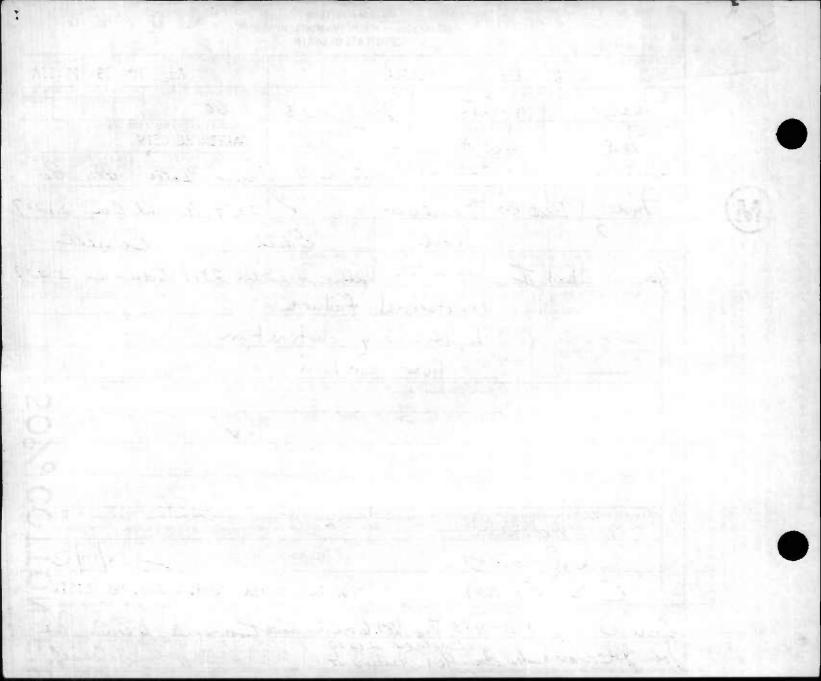
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

etoined by the haspital or attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE

AUG 1 2 1983 John J. Cohief



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical examina

FOR	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENS

1	-	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.		
Ì			FIRST	٨	AIDDLE		LAST	20. DATE OF DEATH		YEAR 26	. HOUR B
I	TYPE	OR PRINT)	Clara	Mi	ldred		BEAMER	August	8, 1983		1:14 M
1	3. SEX	(	4. RAC	E	HI I		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER		UNDER 24 HRS
		Female		W	Vhite	Nov	. 28, 1915	67	YRS.	DAYS H	OURS MIN.
*		RTHPLACE (STATE OR FOR	EIGN 7b. CIT	IZEN OF V	WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	TH	
2	N	Vest Virgini	ia	U.S.	Α.		WIDOWED DIVORCED Baltimore Ci				MD.
5	10. CI	TY OR TOWN OF DEATH Baltimore					OR OTHER INSTITUTION  Hospital	12a USUAL OCCUPATION OF COMMON TO THE CONTROL OF WORK FOR MOST COMMON TO THE COMMON TH	F WORKING LIFE) INDL	JSTRY	BUSINESS OR
)	13a. S	AL RESIDENCE (IF NURSING TATE 13	HOME OR OTHER IS	NSTITUTION.	GIVE RESIDENCE 13c. CITY OR Baltin	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Belvedere	Ave	21239
	_	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
Į.		Charles	E.	E	Beamer	ST	Gertrude	MIDDLE	We	stfa.	11
1		VAS DECEASED EVER IN	U.S. ARMED FO		16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDŘí	SS	26	241
1	{1	No	IF TES, GIVE WAR O	K DATES)	236-3	6-1686	Beatrice E.	Gum Rt.2 B	ox 373 E1	kins	, W Va.
ł		18 CAUSE OF DEATH	Enter only one	couse per	line far (a), (	b), and (c),)			86	APPROXIMA TWEEN ONS	TE INTERVAL
1		PART I, DEATH WAS	CAUSED BY:	SE (=) (	ardio.	-nulmona	ry arrest. Hi	story of my			
1	9-1	4420"					Ty arrest, m	Stary or my	30.27	11111111	
1						SEQUENCE OF		Otatus			
1		Canditions, if any, w	Dr				cular disease				
1		couse (a), stating	the DI				lar accident,		the resp.	irato	ory
1	1		- (				tive pulmonar				er:
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Arterial occlusion, left lower extremity. Right lower lobe Pre									
n	OF I		al occli	usion	, left	t lower	extremity. Ri	ght lower 1	obe Pneum	onia	
1	CERTIFICATION	190. DATE OF OPERATIO	N 19				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF	DEATH?
-	RT	8/5/83		Arte	rial 1	iliac, o	cclusion.	YES NOXX	YES 🗌		NO []
4		210. ACCIDENT WAS UNDER		b. TIME O		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 ORP	ART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P./		19					
1	MEDICAL	21d. INJURY OCCURRED	I A		OF INJURY	OFFICE, FARM, ETC )	21f LOCATION STREET	CITY OR TO	wn cou	NTY	STATE
	~	AT WORK NOT WHILE									
		220.1 certify that (1) (th		3 (-)			19 <i>83</i>	, to&	19.63		(we) last
1		saw the deceased above (1) (we (Idia	olive an	the body	ofter death.	19 23 , 0	nd that in (my) (aur) opinian	death accurred on the de	ote and haur and fro	am the cal	uses stated
4		226. SIGNATURE	0 (	20	1111		DEGREE			DATESI	GNED
		maucis	a. C	lari	hh.		ATTENDING PHYSICIAN	MEDICAL STA	IAN [] E	1/8/8	3
	urs;	124. PHYSICIAN'S NAM	E (TYPE OR PRINT)		1	RELIE CO.	22e. ADDRESS				1
	100	Francis	A. Clas	ck, J	r., M.	. D.	c/o Maryland	d General Ho	spital		1
		SURIAL, CREMATION, RE	MOVAL 23b.	DATE			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	4	_ STATE
		Buria	1 Au	g 10	1983	Morels	and Memorial	Baltimo	re	Mar	yland
	24 FL	NERAL DIRECTOR						TE REC'D. BY REGISTRAR	256 REGISTRAR'S S	EN CO	help
		Leonard J.	Ruck, I	nc.	Balti	more, Ma	aryland A	<b>JG 9 198</b> 3	0000		

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or attending physician.

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T	Laiburgar of much Timpe now nacial involved to new	กเอไม่การ์การา กมไรทำละผู้เกียก มอเวลิพ (พ.ศ.)การกา	reference back	
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r de la contra l	The Letter to me	reari autoar cular accident u div raccomina via raccomina cultura	r formating constant visit risto object*** usid laft loom	
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anguor angust,	Trape nose nacional involuntas tas nacional in Ich ex lasa Poeur	renti Aller cultracident uctive ullmanarr ** cattrollina	r formating constant visit risto object*** usid laft loom	8/5/8
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Leonari J. Fuor, Inc. Palticore, Maryland

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	red	een s
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1	O HOSPITAL TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dearn Page etained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direc
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	OSPI	UNE
	eto H	0

DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CHENE CEPTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE	LAST /		DAY YEAR 2b. HOUR
Marth	a K	Beckman	08-0	MILE
3 SEX	RACE	5 DATE OF BIRTH  MONTH DAY YEAR	AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER THE HE WONTHS DAYS HOURS MIN.
ete male	White	B 24 05	78 YRS.	
BIRTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Balt. MD	MOH	WIDOWED DIVORCED	Dalto.	MD
Catonsville	(IF NOT IN SUCH FACILITY, GIVENT	rsing home or other institution reet address; two itel	(TYPE OF WORK FOR MOST OF WORKING LE Packer - George	12b. KIND OF BUSINESS OR E) INDUSTRY I ranke
130 STATE THE THE THE THE THE THE THE THE THE T		OWN \$134. INSIDE CITY LIMITS?	4733 aldgate	Treen 21227
14 FATHER'S NAME	IDDLE .1A51	15. MOTHER'S MAIDEN N	AME	
	Ameo Ki	NO FORENCE	2 M	Connant
160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? Job SOCIALS	ECURITY NOL 17 INFORMANT MY.	James Beckman	
NO NK		2-9334A 3211 Lilu A	venue Arbutus, Ma	ryland 21227
18 CAUSE OF DEATH (Enter onl	one couse per line for (a), (b)	, and icia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED	CAUSE (0) Card	ine arrhyllmic	~	Several
7216	Mens			
Conditions, if ony, which	( 16) areer	corelaryzes for	elevoreur de	4
couse (0), stoting the	DUE TO, OR AS A CONSE	QUENCE OF OQ 0	6.0	
underlying couse lost	(c)	0 00	y ·	
	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I(o)
7 190 DATE OF OPERATION	LIST CONFILINATION FOR WH	IICH OPERATION WAS PERFORMED	LIN AUTOPSY? 200 AF YES	, WERE FINDINGS USED
			YES NOT YE	YING CAUSES OF DEATH?
OR CONTRACTOR CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2]
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE DOT WHILE D	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			1	
220.1 certify that (I) this hospit saw the deceased alive an	ottended the deceosed fro		10 august 7	19 <b>6 3</b> , that (1) (we) lost
obove, (I) (we) (did) (did not	view, the body ofter death.		n death accurred on the date and hou	
226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	271. DATE SIGNED
N./2		PHYSICIAN		luge, 7/98
224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	11 :1-10	6
Allan Per	ez, H.O.	Spring (x		tk/er
230 BURIAL, CREMATION, REMOVAL (SPECIFY)		34 NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	rity, Mary tand
Burial	Aug. 11, 1983	Baltimore National		
		l Directors, Inc 250. DA	ILC 1 0 1000	RAR'S SIGNATURE
8728 Liberty Road	. Randallstown	, MD. 21133 A	UG 1 0 1983 / Jac	- Canada

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the medical examined must be notified at Once.

#### FOR STATE REGIST

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGINE CERTIFICATE OF DEATH

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19.				

REGISTRAR		CERTIFIC	ICAIL OI DEA		REG. N	0.			
DECEASED NAME FIRST	MIDDLE		LAST	7	0. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
MAR	/ K.	Ĩ.	REIL			8/	17/83	8-35	AN
SEX	4. RACE	5. DATE O			. AGE (IN YEARS LAST BI	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24	
Female	Cauc.	MONTH 09		897	85	YRS.	MONTHS DAYS	HOURS	MIN.
a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8.		9	BALTIMORE CITY		TY OF DEATH	-	
Germany	U.S.A.	WIDOW	D NEVER MAR		Baltimor	e Cit	3.7		MD
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME		TION I	20. USUAL OCCUPAT	ION	12b. KIND (	OF BUSINESS	
Baltimore	Baltimore C				Homemake:		LIFE) INDUSTRY		
JSUAL RESIDENCE (IF NURSING HOME			1 13d. INSIDE CITY E	IMITS?	3e. STREET ADDRESS				
Maryland		timore			17 S. 46th	St.	Balto.,	Md. 2	12
4. FATHER'S NAME	MIDDLE LAS		15. MOTHER'S MA		MIDDLE		LA		
John		midt	Eli:	zabeth			LA	51	
60 WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17. INFORMANT		ADDR	ESS			
(yes, no or unknown) (if yes, o	GIVE WAR OR DATES) 219-3	2-0041	Anne Al	brecht	- 517 S.	46th			
	anly ane cause per line for (o), (	(b), ond (c).)					BETWEEN	ONSET AND DE	ATH
PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) CARDIC	SULMON	JARU FA	ILURE					
1991 IMMEDI	ATE CAOOL (O)		AL-4	,					
1///	DUE TO, OR AS A CONS		CARCIN						
Conditions, if any, which gave rise to immediate	(b) /12TA	STATIC	CARCIN	omn					
cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF							
underlying cause lost.	(6)								
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OF CON	DITION G	IVEN IN PART 1	la l	_
19a DATE OF OPERATION  NONE  21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDI		
NONE					YES NO		TIFYING CAUSES	S OF DEATH?	?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121r HOW IN IUR	Y OCCURRE	D (ENTER NATURE OF INJE			140	_
		H DAY YEAR			(Eldier lawlore of live				
(IF EITHER NOTIFY MEDICAL EXAMIN		19							
(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM ETC )	21f. LOCATION STREET		CITY OR TO	)WN	COUNTY	STAT	TE
WHILE NOT WHILE AT WORK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
220.1 certify that (I) (this has	spital) attended the deceased f	from JUL.	7 15 ,1	9.83	to HUGUS	7 17	19 8 3	that (1) (we	) lost
sow the deceased alive	on AUGUST 17	19 83 , 0	nd that in (my) (aur	) apinion de	ath occurred an the d	ate and he	our and from the	causes state	d
Th SIGNATURE	nat) yew the body after death.		DEGREE				122c DATE	SIGNED	_
Hollen	mo		ATTE	NDING SICIAN [	MEDICAL STA	FF CIAN 🖽	18/	7/8-	3
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS			. /			
VL HOELLE.	RICH MD		BATIM	612	City to	05815	TAL.		
6. BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREA	ATORY	23d. LOCATION		COUNTY	STAT	TE
Burial	08/20/83	Sacred	Heart Of	Jesus		B	altimore		
FUNERAL DIRECTOR				250. DATE	REC'D. BY REGISTRAF	25 REGIS	STRAR'S SICHA	TURE	
Walter Dabrowsk	ci - 1005 Dunda	alk Ave.	, 21224	AUG	221983	John	- X W	nely	

DHMH-16 30M 2/80 (VRA 15, 4)

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Liller, M.

campletely filled in by the funeral

## STATE OF MARYLAND

+	STATE REGISTRAR	DEPA		IEALTH AND MENTAL NYG	REG. N	D.	0 0	
	CEASED NAME FIRST COLU	MBUS N.	BE	LL	20 DATE OF DEATH	3 16	83	10/6/ M
3. SE	X 4.	RACE	5 DATE (	DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS
	Male	Black	1		82	YRS		
	RTHPLACE (STATE OR FOREIGN OUNTRY)  Carolina	U.S.A.	RY? 8 MARRIE WIDOW		BALTIMORE CITY O	RE C	DEATH	Y MD
10 C		NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Provident	REET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		2b KIND OF NDUSTRY	BUSINESS OR
13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY AT 136 COUNTY		OWN	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 2919 U11	man Ave	enue	21215
14 F.	ATHER'S NAME Guilford	DLE Be1	1	Melia	ME	]	Bell I	
	NAS DECEASED EVER IN U.S. ARME YES, NO ORUNKNOWN) (IF YES, GIVE W.			Lessie Be	ADDRE			
	18 CAUSE OF DEATH lEnter only in PART I. DEATH WAS CAUSED BY IMMEDIATE COMMENT OF THE PART I. DEATH WAS CAUSED BY IMMEDIATE COURSE TO IMPORTANT COURSE TO IMMEDIATE COURSE TO IMPORTANT CO	P08	dia puence of umb	respira mia. Acu CH F	tory as	rest	APPROXIM BETWEEN OF	NATE INTERVAL
NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>Contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	nnal disease or con	DITION GIVEN II	N PART 1(0)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES		
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN C	COUNTY	STATE
	27a   certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not) v 27b. SIGNATURE	8-16	<u>8</u> 8	nd that in (my) (our) apinion DEGREE	death accurred an the de	ste and hour and		
	Sher A63	al Hashi	my,	MD ATTENDING PHYSICIAN	MEDICAL STAI		8-16	5-43

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, th

DHMH - 16 60M 1/75 (VRA 15(4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rawith the State Dept, of Health and Mental Hygiene prior to burial, cree.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital ar

BP.

23b. DATE 8/20/83 230. BURIAL, CREMATION, REMOVAL BURIAL

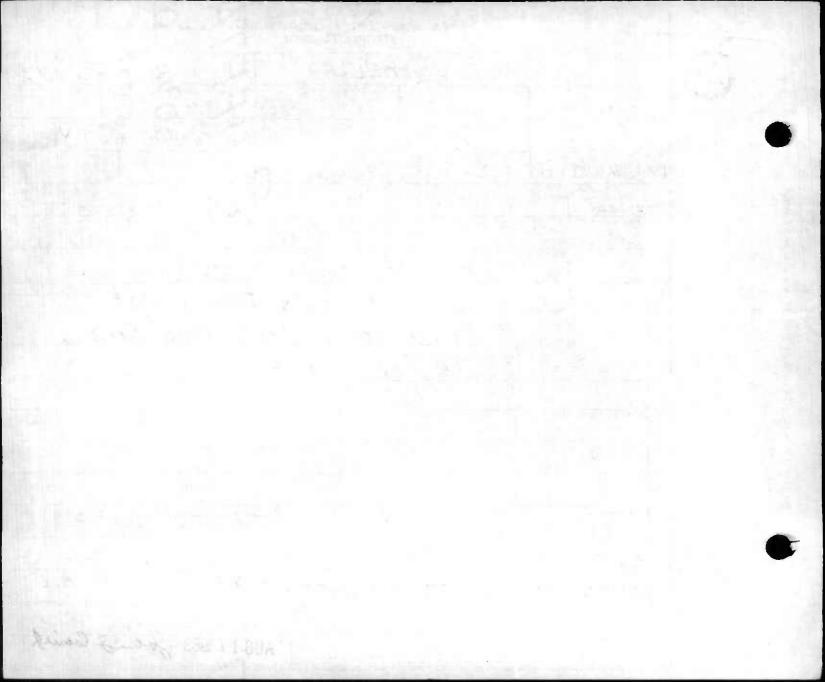
23c. NAME OF CEMETERY OR CREMATORY King Memorial Pk.

23d LOCATION
CITY OR TOWN
Randallstown,

PECAD ET PROPERTAR 25 PECATRAR'S

Md,

24. FUNERAL DIRECTOR
Wm C Marc March F/H Inc. 1101 E North Avenue



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Vand 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumotic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND

	1-	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST		MIDOLE	0 11	LAST	20. DATE OF DEATH		AY YEAR	26. HOUR
		Margi	0 1	1	selle	my	8	20	83	11:00M
	3. SEX		1	,		DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BI			HOURS MIN.
		Female	Blace	le	8	26 08	74	YRS.		
7			76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	_	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
		New Jersey			WIDOWE	DIVORCED	Bathons	· . C.	14	MD.
1	10. CI	, , .	(1F NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	. //	(TYPE OF WORK FOR MOST		INDUSTRY	of Business or ate Homes
5	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	NTY	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	0	210	211
4	14. FA		MIDDLE	LAST	ع سرن ۱			12090	LAS	occ.
1	The property of the property o									
160	16a W	ES NO OR UNKNOWN) (IF YES, GI					ADDR	£22		
		10 CALICE OF DEATH IS NOT ON	alu ann sausa nas	-		479	1500		APPROXI	MATE INTERVAL
	- 3	PART I. DEATH WAS CAUSE	D BY:	20 To 101 (0), 12 2 2	M	- + r t			BETWEEN	JNSET AND DEATH
		MMEDIA		Carsica		700			1 151	
		Conditions If you which	DUE TO, O	R AS A CONSEQUI						
		gove rise to immediate	(b)	11/0/5/20		maring				
			DUE TO, O	R AS A CONSEOU	ENCE OF	1 1 10.0.	\		18.00	
		DART 2 OTHER SIGNIE CANIT	(c)	AS FACE	DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF COL	DITIONICIVE	NUNI DART 1/-	
	Z	PART 2. OTHER SIGNIFICATO	COMDITIONS <u>CC</u>	DINTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	IN IN PART TIC	5
,	ATIC	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES.	WERE FINDIN	VGS USED
	FIC	8/10/02	17					IN CERTIFYING CAUSES OF DEATH		
7	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY						140 []
1			AIR							
	Dig.				17	21f. LOCATION			40.00	
	W		(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	)WN	COUNTY	STATE
	-		- 1	7/7	Aug	, , ,	7.10	,		that (I) (we) lost
		sow the deceased alive or above, (1) we) (did) (did no	ot) view the body	ofter death.	, 0	nd that in (my) (our) opinion o	death accurred on the d	ote and hour	and from the	couses stated
		226. SIGNATURE	1						22c. DATE	SIGNED
	1	A Isal							8/20	0/83
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	SUTER		22e ADDRESS			1	
		Arnold L.	Godmo	~ mo	1.3	Univ. DI	Many	land	17654	2
			23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Removal	8/23/8	3			7 3 4 4			
	24 FU	INERAL DIRECTOR				25a. DATI	E REC'D. BY REGISTRAF	256. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

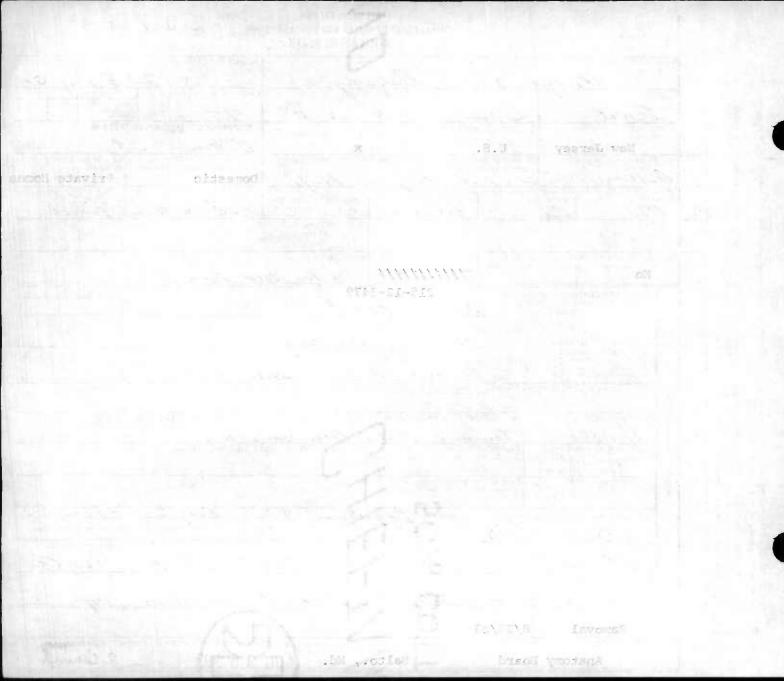
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Anatomy Board

Balto., Md.

AUG 2 5 1983

John J. Comich



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MPORTANT

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) USETTE A. M 4. RACE SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY 30 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS INDUSTRY LUTHERAN HOSPITAL IN KHOWN HOMEMAND JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY BOLT. 13d INSIDE CITY LIMITS? MAPSISON AVE 21217 BALTIMORA YES T NO [ 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME UNKNOWN SOCIAL SECURITY NO 17 INFORMAN (YES, NOW NOWN) HE YES GIVE WAR OR DATEST 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY avdio IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF 05, Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF yelonephri Tis underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES. WERE FINDINGS USED 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES | NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on Alive Whe body offer death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS AUDIO F. LANAM

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

DIRECTOR.

FUNERAL

the the

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

JOSEPH L. RUGO 2723 W. NORTH AUE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

41615 The Company of the Co The state of the s Bearing Son B. Michaelman Str. Marie Mall HIS SERVE LIST BOUR STORY STANDARD STREET, AND ASSESSED AS A SERVE SERVE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENS CERTIFICATE OF DEATH

	REG.	NO

1	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
ľ	I. DECEASED NAME	FIRST		WIDDIE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
1	(TYPE OR PRINT)	PENNY		LEE	В	ELL	AUGUST	22,198	83	10:33A
ı	3. SEX	4	RACE		S. DATE C		6. AGE (IN YEARS LAST B		FUNDER TYEAR	IF UNDER 24 HRS
	FEMALE		WHITE		MARY	12, DA 1980 YEAR	3	YRS.	DAYS DAYS	MOURS MIN.
1	To. BIRTHPLACE (STATE			WHAT COUNTRY?	8.	D NEVER MARRIED XX	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
4	MARYLAND	3	US	SA	WIDOWE		BALTIMO	RE CI	ΓY	MD.
	BALTIMO	A				S HOSPITAL	120. USUAL OCCUPAT	ION OF WORKING LIFE)	126. KIND C	NE
	USUAL RESIDENCE (IF N 130. STATE MARY LAND	13b BAL	THER INSTITUTION.	BALTIMO		13d. Inside City Limits?	138008 ^PARK	E LA.	#212	07
d	14. FATHER'S NAME		innis.	4 ACT	-	15. MOTHER'S MAIDEN NAM			To the	
	DËNNI	E D	• DDIE	BELL		ĽÝNN	ROBIN	ı	Si	NYDER
1	160. WAS DECEASED EN	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MR	DENNIS D.	BELL		
1	(YNO OR UNKNOWN	(# 123, 0172	WAR OR DATES			8008 PARKS		RALTO	MD	21207
ľ	18. CAUSE OF DE	EATH (Enter only	one cause per	line for (a), (b), and	d (c).)				APPROX BETWEEN	ONSET AND DEATH
L	PART I. DEATI	H WAS CAUSED		CARDI	AC	ARREST			2	min
1	745	2		R AS A CONSEQUE	NCE OF					
	Conditions, if	onv. which	(b)		CAR	DIA CALL	URE		13	days
1	gove rise to couse (a), st	immediate	10/_	R AS A CONSEQUE	NICE OF					8
1		use lost.	1000 10,0	K AS A CONSEQUE	NCEOF					
1	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	NDITION GIVE	N IN PART 1	a.
4	190 DATE OF OPE	EPAIR	05	TETRA	COG,	t of FA	COL			
7	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
4	E 8/1-	183		TETRALO	64	OF FALLOT	YES NO NO	YES		NO DE
A	2)a. ACCIDENT WAS	to the same of the	21b. TIME O	FINJURY M. MONTH DA	VEAD.	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM IS PAR	RT 1 OR PART 2)	
4	OR CONTRIBUTING	read .		M. MONTH DA	19					
1	(IF EITHER NOTIFY /		21e. PLACE	OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STATE
I	WHILE NO	T WHILE WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC )	21KEE1	CITORI	J		3,4,6
1			il) attended th	e deceosed from_	810	5 19 83	10 8/2	2 1	6 53	that (f) (we) fast
1	sow the dec	eased olive on_	8 22	19	23	nd that in (my) (our) apinion o	death occurred on the o	dote and hour	and from the	couses stoted
1	22b. SIGNATURE	e) (did) (did not)	view the body	offer deoth.		DEGREE			22c. DATE	
1	129	frace S	( and	de Mas		ATTENDING PHYSICIAN	MEDICAL STA		6	22/83
1	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e. ADDRESS			-	
	F	HPRED	2 G	ASALE		Johns H	sheins	Hospi	TAR	
1	23e. BURIAL, CREMATIC		23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BU	RIAL	AUG. 24	.1983 DI	RHID	RIDGE	PIKESVI	IIE I	PALTO	- MD

DHMH - 16 50M 4/82

retained by the hospital or attending physician

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages frank 2 showld be filled with

njury, ar other troumotic event, t

should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD (VRA 15, 4)

RALTO MD

21215

250. DATE REC'D: BY REGISTRAL AUG 2 5 1983

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

moy be

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HOGI	REG. N	0 / 3	1	
	DECEASED NAME FIRST	MIC	DDLE	L	AST		MONTH DAY YE	AR 2b. HOL	JR
6	Mildr	red	Z.		Benesch	August 1	1, 1983	6:55	5 D M
3.3	SEX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIE	RTHDAY) IF UNDER 1	YEAR IF UNDER	
	Female	Whi	te	Sep	t. 30 1968	74	YRS.	DAYS HOURS	MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF W		8. MARRIE WIDOWE	D NEVER MARRIED		more City	Н	MD.
10	CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH F	SPITAL, NURSIN FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Sales Lac	OF WORKING LIFE) INDUS	ND OF BUSIN	ESSOR
US 13	SUAL RESIDENCE (IF NURSING HOME OF ALL STATE 136 COU Maryland	PROTHER INSTITUTION, GI	NE RESIDENCE GEFORE 36. CITY OR TOWN Baltimo:	N	YES NO		y Avenue	21206	
14.	FATHER'S NAME FIRST Warren	MIDDLE	Walter		15. MOTHER'S MAIDEN NAM FIRST Anna	WIDDIE		LAST	
160	. WAS DECEASED EVER IN U.S. A		66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-36-1	714	Mary Benesch	1 3610 Mary	Avenue 2	1206	
NOLIVE	Conditions, if ony, which gove rise to immediate course (o), stating the underlying course lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE F	INDINGS USE	D	
1						YES NO	IN CERTIFYING CA	NO [	_
		HOUR A.M.	. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PAI	RT 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a. PEACE OF	F INJURY IT, FACTORY, OFFICE F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN COUN	TY .	STATE
I	22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n	n 5/13	19_	3.0	nd that in (my) (our) opinion o	to 3/1)	. 19	the couses st	
	226. SIGNATURE	Jordon		MNS		MEDICAL STA	FF _ P	12F	3
	Dr. Julius	V	M.D.		5807 Hari	ford Road	Baltimore,	Maryl	and
23	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE Aug. 16,	0		cemetery or crematory of Faith	23d LOCATION CHYORJOWN Baltir	nore	Maryl	STATE
	FUNERAL DIRECTOR Leonard J. Ruck	, Inc. B	altimore	, Mar	A I I	FREC'D. BY REGISTRAN	251 TEGISTRAR'S SIL	Court	K

Baltimore, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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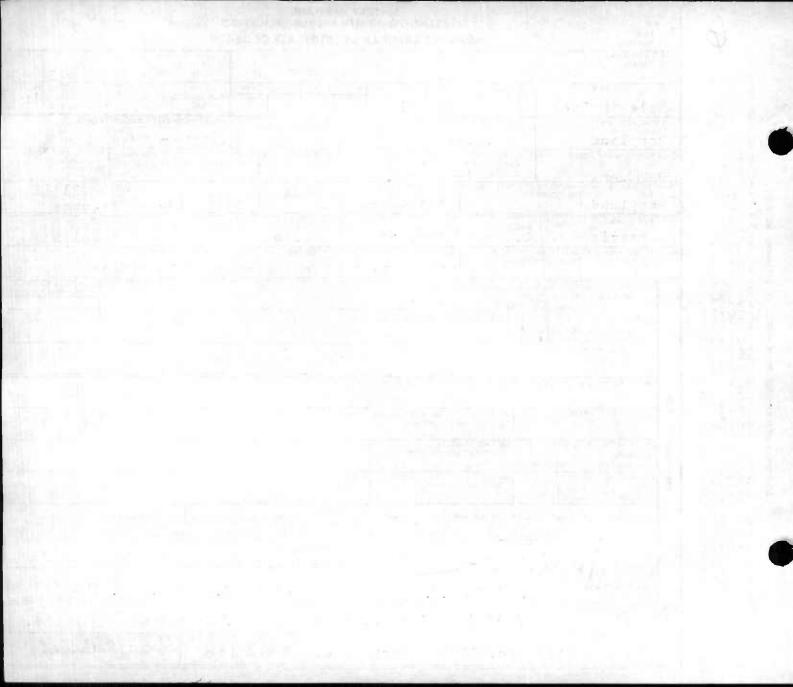
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DECATAS, NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD." PRODING" IN PERIOD IN 18 GIVE PAGES 1, 2, AND 73 FO SHEFUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RE NIL PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE THE WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF VITAL RECORD.  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC EXECUTE THE CERTIFICATE, WRITING THE WORD." FRONDING". IN PENCIL IN TEMPORED SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERNAPTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEND BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP\_ DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	0	7	3	E
MEDICAL EVAMINEDIC CERTIFICATE OF DEATH					

	1 - 5	FOR STATE REGISTRAR		N				H AND MEN				REG. N	0.	9		
Ì		EASED NAME OR PRINT)	E FIRST		WIDDLE			LAST		20	DATE K	NOWN [	монтн	DAY	YEAR	2b. HOUR
1	(1192	CRPKINI)	THO	MAS	М.,			BENNETT			DEATH A		3 8	20 1	9 83	N
3	SEX	ale	4. RACE Black	S. DATE OF BIR	AY YEAR	6. AGE (IN Y	EARS IF U	NDER 1 YR. IF	UNDER		C. DATE RONOUNC DEAD	ED	MONTH 8	DAY	YEAR 19 83	1:42 a M
	M	RTHPLACE (5) REIGN COUNTRY) arylai	n d		A.		WIDOV		DIVORCE	ED [	Baltimo Balti	more	_ City			MD
2	В	altimo	re	5638	H FACILITY, GIVE	d Ave.		HER INSTITUTIO	N		AL OCCUPA OST OF WORKI		PE OF WORK	OR	ID OF BU	RY
	3a. ST		(IF IN NURSING HOME 13b. COUP		13c. CIT	Y OR TOWN		13d. INSIDE CITY YES X	LIMITS? NO []	13e. STREE	38 M		od A		212: ue	1 2
		THER'S NAME FIRST Franc:		G.	Ве	ennet	t	15. MOTHER'S		NAME	MID	OLE			11s	
	6s. W		D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		CIAL SECURI 2 - 5 8 - 1		17. INFORMA	NT	enne	tt 5	ADDRES		ood	Ave	enue
	NO	30 9 Canditial gove ric cause (a) lying cau	ns, if ony, which se to immediate ) stating the <u>under</u>	DUE TO,  (c)  (c)	OR AS A CO	NSEQUENCE NSEQUENCE	OF	SE OR CONDITION GI	IVEN IN PAR	RT 1 (a				BEIW	EEN ONSE	T AND DEATH
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPE	RATION V	VAS PERFORME	D?					Bô	JOPSY DY ES X	nly NO []
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		death result	Au	ge of the remoins wrol couses X,	described ab Accident		Autaj	Homicide TITLE (SPE	cify) stan	Undeter	Inquiry L	ner	DATE SIGN	ed 8	-20-	-83
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		m C. Ma	arch F/	H Inc.	T101	E Nor	th A		AUG		registrar 1983	San de la constantina della co	DISTRAR'S	2 Ca	bech	A



1.05	REGISTRAR ECEASED NAME	FIRST		MIDDLE		ICATE OF DE	- Alli	REG. N	O. MONTH DAY	YFAR	2h HOUR
	E OR PRINT)	WILLAF			NNETT			70. DATE OF BEATT	8 21	83	4:30/
3. SE			ACE	П•	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HR
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	IRTHPLACE (STATE OF FOR	REIGN 7b. (		WHAT COUNTRY?	2 4			9 BALTIMORE CITY	11.3.	DEATH	
	Wales, U.K		U.S	Δ	MARRIE	D NEVER MA	ORCED	BALTIMORE	r CTMV		
	ITY OR TOWN OF DEATH		NAME OF H	HOSPITAL, NURSI	NG HOME	OR OTHER INSTIT		120. USUAL OCCUPAT	ION		F BUSINESS C
	BALTIMORE		UNIO	N MEMORI	AL HOS	SPITAL		H.L. Gr		INDUSTRY	ired
	JAL RESIDENCE (IF NURSING			GIVE RESIDENCE BEFOR	RE ADMISSION)				een i	Kei	Trea
13a. S	Md .	36 COUNTY		13c. CITY OR TOV		136. INSIDE CIT	NO []	5512 Gre	enhil'	1 A 176	212
14. F/	ATHER'S NAME					15. MOTHER'S		ME	CHILLY.		
	Richard	M IDD	DLE	Benne	++	FI	IRST	unkno	านาก	LAS	iT
16a \	WAS DECEASED EVER IN		FORCES?	16b SOCIAL SECT		17 INFORMAN	NT T	ADDR			
(	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES!	100 10	CACI	4 -	T D	ennett 55	10 0	onh i I	7 7
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23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82

should be detached for use as the buwith the State Dept. of Health and M TO FUNERAL DIRECTOR:

John C. Miller Inc. 6415 Belair Rd (VRA 15, 4)

23b. DATE

8-25-83

230. BURIAL, CREMATION, REMOVAL Burial

AATORY 23d LOCATION
CITY OF TOWN
Balto.

256. DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE.
AUG 23 1983 John J. Cohurch Md. Parkwood Cem.

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-5.664-1907, S. Lümnste III. C. Bynbill Div.		
-5.664-1907, S. Lännste III. C.Rymbill Lvc.		The state of
		7 3 4
AND THE RELEASE SECTION OF THE PARTY OF THE	Ludeste -	

# executed within 24 har and campletely filled TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached far use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.

STATE OF MARYLAND

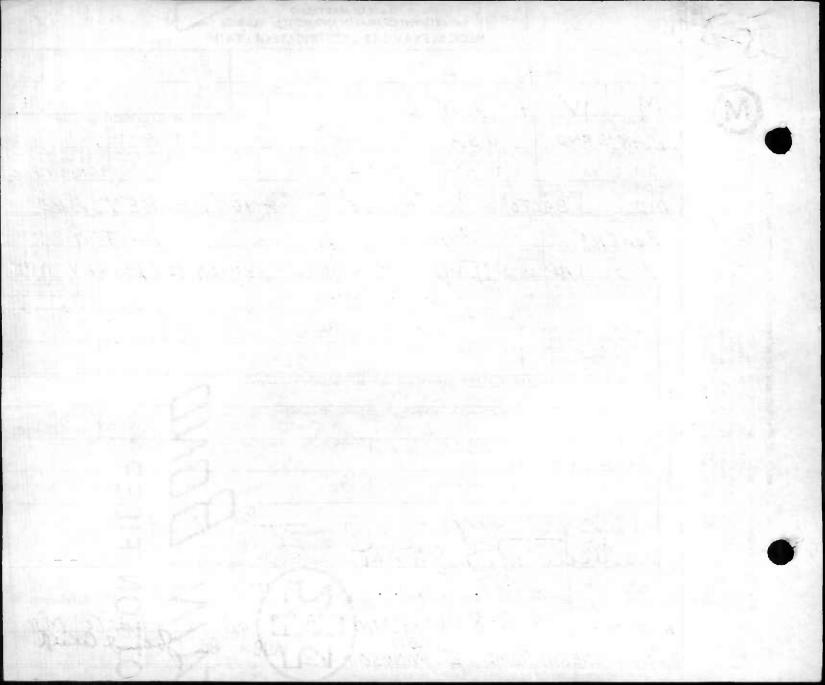
		CERTIF	ICATE OF DEATH	REG. NO			
1. DECEASED NAME FIRS	MIDDLE	t	AST		ONTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	RLO F.	BENNING	GTON		8 9	83	6:07
3. SEX	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 2
MALE	White	Oct		73	MONTH	S DAYS	HOURS
To. BIRTHPLACE (STATE OR FOREIGN			. 25, 1909	9. BALTIMORE CITY OR	COUNTY OF E	DEATH	
COUNTRY)	100	MARRIEI	D NEVER MARRIED	BALTIMORE		ZEAIII	
Maryland	U.S.A.	WIDOWE		120 USUAL OCCUPATIO		b. KIND O	F BUILDING
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	VE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	
BALTIMORE	VAMEDICAL CE	ENTER BALT	TIMORE MD	Carpenter		Cont	racti
USUAL RESIDENCE (IF NURS 11 HD	DUNTY 13c. CITY C	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
170		teford	YES X NO	Whiteford	, MD	2116	0
H. FATHER'S NAME			15. MOTHER'S MAIDEN NA				
Fred		nington	Florence	WIDDLE	Tarbe	rt	T
160 WAS DECEASED EVER IN U.	S. ARMED FORCESA (16). SOCI		17. INFORMANT	ADDRES	S		1730
(YES, NO OR UNKNOWN) (IF Y	S, GIVE WAR OR DATEST	30415	IImla Cliffm	ed Williams	Day 19	A - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
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			and the same of th		Ti - 5		
	0		and the same of th	INAL DISEASE OR COND	20b. IF YES, WE IN CERTIFY ING YES	RE FINDIN	IGS USED
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	G Cancer  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  198 CONDITION FOR	WHICH OPERATION  ITH DAY YEAR  19	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH
190. DATE OF OPERATION  110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	G CANCEV  19b CONDITION FOR  19b CONDITION FOR  19b CONDITION FOR  HOUR A.M. MON  P.M.  21e PLACE OF INJURY  A HOME STEET FACTOR  A HOME STEET FACTOR	WHICH OPERATION  ITH DAY YEAR  19	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART I C	RE FINDING CAUSES	IGS USED OF DEATH
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DHMH - 16 50M 4/82 (VRA 15, 4)

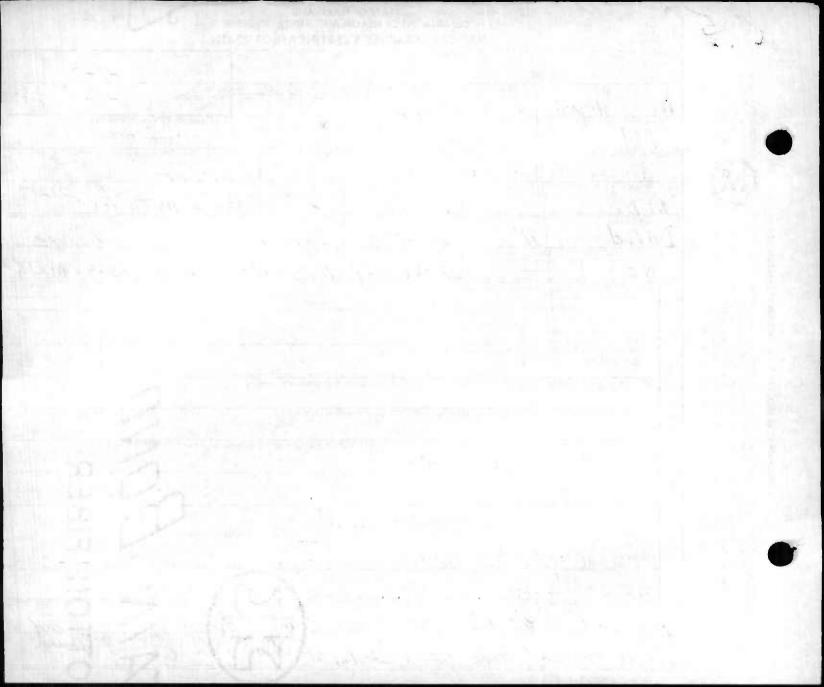
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS ASE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS ASE EXECUTE THE CRETIFICATE, WRITING THE WOORD "PENDING" IN PERM IS. GIVE PAGES 1, 2, AND 3 TO THE FINE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE HES SHOULD BE LOSED AS BURIAL. TRANSIT PERMIT, PAGES LAND 2 SHOULD BE FILED AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DE WITAL RECORDS, 201  MEDICAL CREMATION, OR REMOVAL.  MEDICAL CERTIFICATION	Y
201 W. PRESTON! UTED WITHIN 24 H. I'N PENCIL IN ITEM EXAMINER AION! RIAL - TRANSIT PERA D MENTAL HYGIEN ON, OR REMOVAL.	STACE OF THE STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON - TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER- AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BANTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	
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			FOR STATE		STATE OF MARYLA	MEN TH HEIENI		4		
13			REGISTRAR		<b>EXAMINER'S CERTIF</b>	ICATE OF DEA	TH REG. NO.			
1	D		CEASED NAME FIRST	WIDDLE	LAST	1	OF ESTI-	MONTH DAY	YEAR 26 HOL	JR
u u	T 855.8.	1,,,,,	Kenn	eth F	Bens	on	DEATH MATED	8 5	1983	м
- 5		3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS   IF UNDER ) YR	IF UNDER 24 HRS.	IL. DATE	MONTH DAY	YEAR 2d. HO	UR
1	371		MIN	MONTH DAY YEAR	AST BIRTHDAY) MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	8 5	1983 4:2	:3
4	May 2	70 B	RTHPLACE (STATEOR	76. CITIZEN OF WHAT COUR	UTDV2		BALTIMORE CITY OR			M
1	神経のプル		REIGN COUNTRY)	11/0	MARRIED DA	NEVER MARRIED	_			
2	差別	1	TY OR TOWN OF DEATH	USA	JRSING HOME, OR OTHER INSTIT	DIVORCED L	Baltimore ALOCCUPATION (TYPE OF		ND OF BUSINESS	AD
N N	PAGE REFILED DS, 201	10.0	Baltimore	University	STREET ADDRESS)		OST OF WORKING LIFE)	0	NOON FAC	
- 2	S S S S S S S S S S S S S S S S S S S		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			1)	1008	
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MO I	- CI - CI - F-2	H.E.	ATHER'S NAME	WIDDLE	LAST 15. MOT	HER'S MAIDEN NAME	MIDDLE		LAST	
RE, I		1	ROBERT	BEN	SON TH	ERESA	DA	YTOI	Y	
ON	25 100	160, V	VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO. 17. INFO	RMANT	ADDRESS	1101	1	
1	PAGES VISION	1	ES. NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	1059955 HE	IEN DEN	CON LOH I	PIPE	V NIL	-
8 Y	Y > 0	F	18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b	UJ- 1033 4161	WALL DELL	sold to the	HALLA	PPROXIMATE INTERVAL	=
ST.			PART I DEATH WAS CAUSE		e Renal Failure			BET	WEEN ONSET AND DEA	TH
NO	IN 24 HO IN ITEM 1 R ALONG ISIT PERMI HYGIENE, MOVAL.		58100 IMMEDIA	TE CAUSE (o)						_
EST	WHEN		Conditions, if ony, which							
Ø. F	PENCIL IN 174 PENCIL IN 174 PENCIL IN 174 PENCIL IN 174 PER ENTAL HYGIEN OR REMOVAL		gove rise to immediate	(D)	nic Kidney Dise	ase				
× 5	N PENCIL XAMINER AL - TRANS MENTAL H		couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A COM	NSEQUENCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	SHOULD BE EXECUTED OND "PENDING". IN PE CHIEF MEDICAL EXAM E USED AS A BURIAL-1 TOF HEALTH AND MEN URIAL, CREMATION, C			(c)						
SO	AABAGG		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REE	ATEO TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1 (a).				
0	ENDING MEDICAL AS A BU CREMAT	Z								
RE C	A A A A A	T) E	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFO	DRMED?		2D /	AUTOPSY?	_
TAL	A SEE SEE	1 8							YES NO X	n
7	CERTIFICATE SHE STITING THE WORE RESTROATED BE UP EDEPARTMENT OF 101 PRIOR TO BUR	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJUR	RY OCCURRED LENTER N	ATURE OF INJURY IN ITEM 18 PAR		ILS EL INO M	-
07	TAKEN THE WEST	101	UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR					
SIOI	A A B C C T T	Š	CONTRIBUTING CAUSE OF	DEATH P.M.	19 21f. LOCATION			<u> </u>		_
N S	ATE, WRITING TATE, WRITING TORWARDED TORTH PAGE 3 SHE THE STATE DEP ND, 21201 PRI	MEC	MARKET MA	STREET, FACTORY, FARM, I			CITY OR TOWN	COUNTY	STATI	E
0	WARDE WARDE PAGE 3 STATED 21201		AT WORK AT WORK							
	ORV ORV E SI		22a I certify that I took charg	ge of the remains described ob	ove, held on Autopsy	Inspection XX	Inquiry . ond	n my opinion		
	SE S		death resulted from: Notu	rol couses XX	Suicide . Hon	nicide Undete	rmined manner			
	NE B B		6/0 -	75/1 0		(SPECIFY)	, mines monner (LS)			
	2	1 - 3	SIGNATUR LLCLE	who IV n. 9		cictont		DATE	8-6-83	
	THE CERI SHOULD SHOULD ERAL DIRI EATH, WII		SIGNATURE	and the	M.D. 713	STOTALL MEDI	CALEXAMINER	SIGNED	0 00	_
9	S C C C C C C C C C C C C C C C C C C C	4	EXAMINER'S NAME	Dennis F. Smyt	h M D	III Pe	enn Street			
-	TO MENUAL EXAMINER; HISTORIES EXECUTE THE CERTIFICATE, WRITINE PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BAULIMORE, MARYLAND, 21201 P	22 0			7 D B INCOS	·				=
	- W - 4 - 4 - 6	230.B	URIAL, CREMATION, REMOVAL	0 0 0 13c	NAME OF CEMETERY OR CREMA	D 1/	CATION	COUNTY	STATE	
	BP	10	URIAL	0-0-07	OKRAINE TO	1/5/	610 5 15	AL10	1/1	_
	DHMH - 17	24 F	JNERAL DIRECTOR	ADDRESS	5311	ALICO BY	PORTAR ZO LEGIST	KAK'S IGHA	help	
('	VR A15 ME (5))	W	BER FUNERAL	HOME ED	MONDSON AVE	AUU J	~~~	~		
	20M 4/82	-								=



STATE OF MARYLAND



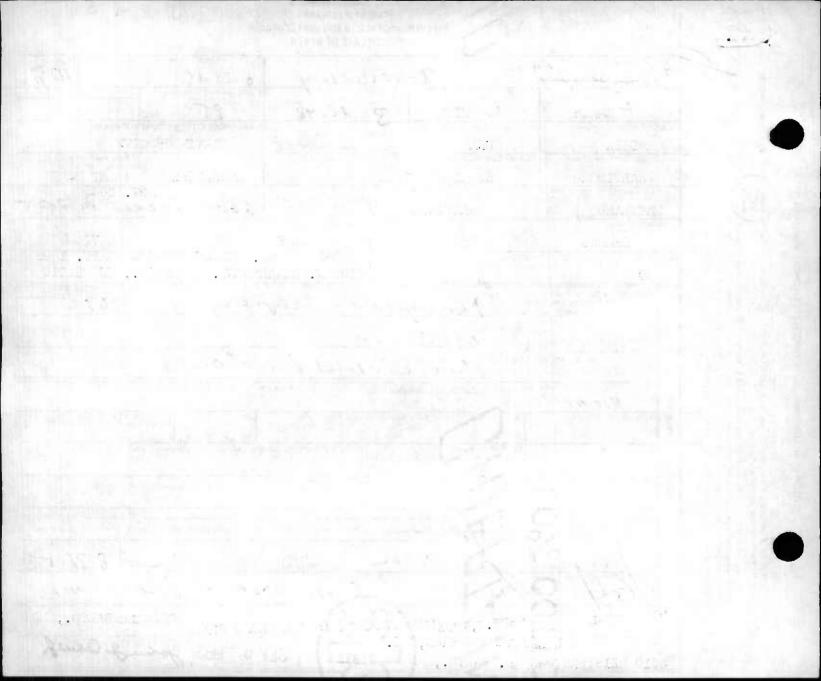
	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND SEALTH AND MENTAL ICATE OF DEATH	HYGIEN	IE REG. N	0 /		
	I. DE		ATIE	WIDDIE	1	AST	20	. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
5	77	OR PRINT)	4/16	RE	RES	ONSKY		8.31.13			1030
	3. SE		4. RACE	0.0	S. DATE C			AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	W	· HITE	MONTH	15 98 PEAR		85	YRS.	MONTHS DAYS	HOURS MIN.
SI		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9.1	BALTIMORE CITY			
11		RUSSIA	US	SA		DXX DIVORCED		BALTIM			MD
14		BALTIMORE	(IF NOT IN SUC	INAI HOSP	ITAL	R OTHER INSTITUTION		6. USUAL OCCUPAT YPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING L	(FE) INDUSTRY	DE BUSINESS OR HOME
35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COULTAIN)		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALT IMOR	N	136. INSIDE CITY LIMITS	130	STREET ADDRESS	_	T. 204	1. 21211
-	_	THER'S NAME				15. MOTHER'S MAIDEN					
27		SAMUEL	MIDDLE	EVIN LAST		BELL		MIDDLE		LEVÎ	
1		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMANT 4100 N. CH		MILTONOB S ST.	ERESO BALTO	., MD	. 1005 21218
	rion	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost  PART 2. OTHER SIGNIFICANT  H/O H-5	DUE TO, O  (c)  CONDITIONS C	ontributing to (	NCE OF COLOR	Atrial bi	TERMINA	AL DISEASE OR CON			
	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?  YES NO	IN CERT	S, WERE FINDI IFYING CAUSES ES []	
9		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)	
1	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET		CITY OF TO	OWN	COUNTY	STATE
	8	22s.1 certify that (I) (this hosp saw the deceased alive or above III (we) (did) and re	ital) attended th	ne deceased from	, ar	d that in (my) (our) opin	inion deo	, to th occurred on the c	late and ha	, 19, our and from the	that (I) (we) last couses stated
		Jeach C	h. 1	//	u	ATTENDIN PHYSICIA	NG /	MEDICAL STA	FF	22c. DATE	SIGNED 31. HS
Ī		16 Gill	The					PITAL	,7	gerin	one
	2364	BURTAL	SEPT.			EMETERY OR CREMATO SETH ISRAEL		236 LOCATION CITY OF TOWN HE SFARD	ROSEDA	ALE BALT	ro., sMD
B2		UNERAL DIRECTOR SOL 1	LEVINSON	& BROS, I	NC.			6 1983	165 REGIS	TRAR'S SIG	TURE LA

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and call should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital ar attending physician.



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may be

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	D	EPARTMENT OF H CERTIF	ICATE OF DEATH	REG. NO.	/ 4	4
	DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
ľ	TYPE OR PRINT) FRED	E. B	ERKENKE	MPER	AUGUST 26	,1983	8:00Am
3.	SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
L	Male	White		mber°6, 1910	72	YRS.	
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR		
	Maryland	U,S.A.	WIDOWI	ED DIVORCED	BALTIMORE		MD.
	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTR	OF BUSINESS OR
	BALTIMORE			S HOSPITAL	Crane Opera	itor Ste	el Mfgr.
13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136, COU Maryland	INTY 13c CITY (	nce before admission) OR TOWN IMORE	13d. INSIDE CITY LIMITS?	3422 Keswi	ck Road 21	.211
14	FATHER'S NAME		LAST	15 MOTHER'S MAIDEN NA	ME		LAST
	Charles Berkenke		LASI	Eleanor	Hamilton"		(A3)
	WAS DECEASED EVED IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	5	
L	NO (IF YES, G	213	09 2873	Birdie Berker	okemper 3422 Kes	wick Rd 2121	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, ORIAS A CO  (b) CONTRIBUTIONS CONTRIBUTIONS	INSEQUENCE OF	tar Carcin	AINAL DISEASE OR CONDI	TION GIVEN IN PART	year year
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
ы.	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MON	19		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	David M	pital) attended the deceased in a control view the bady after deat	P 150	nd that in min (aur) apinian  DEGREE  ATTENDING PHYSICIAN  [276. ADDRESS	MEDICAL STAFF	22c. DA	-, that (1) (we) last the causes stated ATE SIGNED
	David M.	Herringto		Johns Hox	skine Hosp	Bult.	Mel.
2	30. BURIAL, CREMATION, REMOVA Burial	8-29-83		cemetery or crematory of Mem Park	Parkcville	, Balto™Co	, Md STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR

3631 Falls Rd Balto Md Burgee Funeral Home

AUG 2 9 1983

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, I should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical exam

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

	REGISTRAR				CERTIF	ICATE OF L	EAIH	REG.	NO.		
(TYPE		MER	ner M	Otto	BEVE	RUNG	ungen	20. DATE OF DEATH	8-19	- 83	26. HOUR 90'A M
3. SE)	Male	4	White		5. DATE C	OF BIRTH	28	6. AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE OR STATE OR ST	FOREIGN 71	U.S.A	WHAT COUNTRY?	WIDOWE		VORCED 🔲	9. BALTIMORE CITY Baltin		OF DEATH	MD.
1	Baltimore		Balti		L HOS	or other ins	ritution	120. USUAL OCCUPA (TYPE OF WORK FOR MOS FIREMAN			o. (ity
139.5	AL RESIDENCE (IF NURS TATE Vryland	13b. COUNT		GIVE RESIDENCE BEFORE 136 CITY OR TOWN Battino	V	13d. INSIDE C	NO 🗌		s a Stree	t 2122	4
14 FA	Otto	F. MI	DDIE B	everunger	2	30	s maiden nam Firstelle	MIDDLE	111	iller 14	ST
	VAS DECEASED EVER VES. NOOP UNKNOWN)		VAR OR DATES	215-24-2	2730	M. Bet		erungen 81	ress 4 Umbra	Stree	£ 21224
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and	l (c).)	A	RREST			APPROX BETWEEN	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)_			R AS A CONSEQUE	E NT K	licu c A	R FIB	RILLATIO		N IN PART 1	0
CERTIFICATION	19a. DATE OF OPERA			TION FOR WHICH				200 AUTOPSY?  YES NO	20b. IF YES,	WERE FINDING CAUSES	NGS USED
MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MED)	CAUSE OF DEATH	P./	w. MONTH DA w.	Y YEAR	1711		ED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	RT I OR PART 2)	
MED	21d. INJURY OCCURI	RK		EET, FACTORY, OFFICE, FA	,	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (4) sow the decease obove, (1) (yet) (c	ed olive on_	8/	1919	83,0	nd that in (my)	, 19 <u>83</u> ( <b>••</b> r) opinion d	to Go! And leath accurred on the	7 8/19, 1 dote and hour		that (I) ( lost couses stated
J	22b. SIGNATURE	obert	+ A	Slimen		110	ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHY	TAFF SICIAN 🔀	8/14	3/83
	22d. PHYSICIAN'S NA	AME (TYPE OR )  BER	T J.	SLIMA	1 N	22e ADDRES	s ALTIM	IORE C	ITY	HOSP	ITAL
	BURIAL, CREMATION, SPECIFY) Burio	REMOVAL	23b. DATE 8-22-			emetery or of F		23d. LOCATION Overley	2, Balto	CO. M	d. STATE
	ineral director ares S.Z.	eiler (	Son I	nc. 6224	East	ern Ave		E REC'D. BY REGISTRA 3 2 1983	AR 25h REGISTR	A Cou	TURE WILL

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 50M 4/82

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

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35	7 37			8 8 1
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ing a death, just	idala = 12	mal way early	1 90	Salstinua.
Washington State of the State o		. 22 .	desired agring as: - distribution for its 5x 5x 5 distribution	Timb: land
nalli-	Redelle	300 T1 1,000 EC		Ο.,
tren 1/4 Union Subsect 27221	WINCHE STOR	and and		
المحملهم بمرابعة ومراهد	de de la companya de	server (44)	i i	Jeszi Deszel
	EMA .NA.		no sullis	Grade 1.2

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of
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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

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6:10				

FOR - STATE REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR I IF UNDER 24 HRS 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED WEVER MARRIED WIDOWED DIVORCED MD. ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME MAKER USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 13h COUNTY CUTY OR TOWN 13d. INSIDPCITY LIMITS? 13e. STREET ADDRESS YES TH NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. ME NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), 46 , and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK Jan 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on the and that in (my) (a) opinion death occurred on the date and hour and from the causes stated prove, (1) (we) (did) (did not) view the. body ofter death 22M SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN [ 224 PHYSICIAN'S NAME (TYPE 22e. ADDRESS

NAME OF CEMETERY OR CREMATORY

COUNTY

23d. LOCATION

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL

MCZOROWSK

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	equite, that the death certificate be executed within 24 hours ofter death. Page 4 may be	ungered by the attending physician and completely filled in by the funeral director, page 3.
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	Night a	Dangi en ole
	2	14

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

1 - FOR DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH  REG. NO.										
	1. DECEASED NAME FIRST (TYPE OR PRINT) GEORG	e Mi	chael	Bilobran		August 3,	1983	YEAR	26 HOUR A.M	
	3. SEX Male	4 RACE White		5. DATE OF BIRTH	19	6. AGE (IN YEARS LAST BIR	YRS.	DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  Pennsylvania  10. CITY OR TOWN OF DEATH	U.S.A.			ONORCED [	Baltimon	e (ity		MD.	
	Baltimore USUAL RESIDENCE (IF NURSING HOME O	602 5	outh (url	HOME OR OTHER IN DRESS)  Ey Street	SIIIUIION	120 USUAL OCCUPAT (TYP) OF WORK FOR MOST O	OF WORKING LIFE)	tate	of Md.	
	Maryland 136 COU		Baltimor	e 13d. INSIDE YES 🗶	CITY LIMITS?		rley Str	eet 2	21224	
Ø	Wasil	MED FORCES?	Bilobran 16b SOCIAL SECURI		EVA	MIDDLE		thiva	2	
	yes W.	(SWAR OR DATES)	213-05-5			obran 416 B	Paylon Rd		6/	
-	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO		CE OF		20a AUTOPSY?	20b. IF YES, WER	E FINDING	OF DEATH?	
)	WE CONTRIBUTION OF CAUSE OF DE CAUSE OF DECCAUSE OF DECAUSE OF D	HOUR A.M	. MONTH DAY	YEAR 19	ION	YES NO CITY OR TO		R PART 2)	NO STATE	
	The Licentify that (I) (this bosp saw the deceased alive the oblive (II) we i (did ridid no The STOMPT URE	Simulation body of	fter death.	DEGREE  M  22e ADDRI  36 2 3	ATTENDING PHYSICIAN	to 3  Jeoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	2	from the co		
	24 FUNERAL DIRECTOR  Charles S. Zeile	8-6-8	3 St	ME OF CEMETERY OF Stanisla S.Conkling	250 DATE	23d LOCATION Baltimo REC'D. BY REGISTRAR G 5 1983	ne City	2.6	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Katherine 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MRYLAND ALTIMORE WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITAL AILORING 130. STATE 13b COUNTY MD PLACE 3525 STHER 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ECKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NOOR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY monal DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOT YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 710 ACCIDENT WAS UNDERLYING TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21a PLACE OF INJURY 21f. LOCATION STREET CITY OF FOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STATE NOT WHILE 220. | certify that M (this hospital) attended the deceased from , and that in (my) (right) opinion death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CHEMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

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BALTO. NATIONAL

HARTLEY-MILLERFH HARFORD RD

ETGE HK-B MANAGER SERVICE STORY STORY STORY TO BEHARD THE STATE OF THE STAT Warrell Elter - and took M. Warrell W. Standard St. 213 - 16-312 Jones and LIGHT OF THE STREET CONTRACT OF STREET OF STREET TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified.

injury, ar other traumatic event, the medical exam

IMPORTANT: If Hem 21 is morked or Item 18 shaws any

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENES CERTIFICATE OF DEATH

20149

	REGISTRAR				CERTIF	ICATE OF DEAT	Н		REG. NO	).			
	CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DI			DAY YEAR	2b. HOUI	R
LITTE	ORPRINT)	Lee	-		B	lades		Aug.	26,	1983	3		м
3. SEX	X .		I. RACE	T. E. I Ball	5. DATE C			. AGE (IN YEAR	S LAST BIRT		IF UNDER 1 YEAR		
	Male	162	Whi	te	nec.	24 4000	EAR	82		YRS.	MONTHS DATS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE XUEVER MARRI	ED 🗆	BALTIMORE	CITY OI	R COUNTY	Y OF DEATH		
	Holland		U.S	SA	WIDOWE	D DIVORC	ED 🗆		imon		ty		MD.
10. CI	TY OR TOWN OF DEA	ATH .	(IF NOT IN SUC	HOSPITAL, NURSING	1923900	Balto. Md.	ON 21230	TYPE OF WORK FO	OR MOST OF	F WORKING LIE		R.R.	
	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					VV 03-0	Sept 1 M	2.00	4220
	ryland	13b. COUN	TY	Baltimo	re	YES NO	MITS?	621	Len	nent.	St. Bala	to Mil.	1230
14 FA	THER'S NAME		NODLE	LAST .		15. MOTHER'S MAI			AIDDLE		/ / / IA	ST	
	Leenord			Vandenko			helmi	ina		-	Unkni	own	
	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	705-12-20		Mrs. Gerta	ude (	E. Blade	, Sa	me as	above		
	18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line far (a), (b), and	ici. A			1 .	,	hamper	APPRO	XIMATE INTER	VAL
	PART I. DEATH W	AS CAUSED		acust	2 /1	Loven.	lies	dup	urc	lu	~	1 de	eh.
	4100		DUE TO, O	R AS ACONSEQUE	NCE OF &			0					V
13	Conditions, if any,		(b)_	Dener	alex	ed all	eys.	reles	AN	is	0	yn	1
	gave rise ta imn cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	a ay mari						/	
	underlying cause	last.	(c)_										
7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE C	RCONE	DITION GIV	VEN IN PART 1	(a·	
110								TanTops		Leat IF VE	S MEDE EINID	NICC LICE	
CERTIFICATION	190 DATE OF OPERAT	IION	196. COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	)	200 AUTOPS		IN CERTIF	S, WERE FINDS	S OF DEATI	H?
ERTI	21g. ACCIDENT WAS UND	SERIVING (	21b. TIME O	E INTHIDY		21c. HOW INJURY	OCCUPPE		10 []		ES CORPARI OL	NO [	
	OR CONTRIBUTING		110110 4	M. MONTH DA		110.110.11	OCCORRE	D (ENIER MAIDE	E OF INJUR	L HATTEM TO F	PARI I OR PARI 2)		
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.		19	21f. LOCATION							
ME	WHILE   NOT WH	GILE		EET, FACTORY, OFFICE, FA	RM, ETC.)	STREET		C	ITY OR TOV	WN	COUNTY	\$1	TATE
- 1	220.1 certify that (I)	RK.	al) attended th	e deceased from	2_	1 10	70	10 80	- 22	4	10 8 3	that (1) (w	ua) laut
	saw the decease	ed alive an	8-1	190	3.0	nd that in (my) (our)	opinion de	eath accurred o	an the da	ate and hav	ur and fram the	, ( (	.,
0.4	abave, (1) (we) (c 22b. SIGNATURE	did) (did nat	) view the bady	after death.		DEGREE					22c. DAT	ESIGNED	
13	11	1	allo	d	1	M. W. ATTEN		MEDICAL DIRECTOR	STAF		8-	-76-8	53
	22d. PHYSICIAN'S NA	AME (TYPE O	PRINT			22e ADDRESS		5					
	A	aron (	. Solle	od, M.D.		707 €.1	Fort.	Ave. Bai	lto.	Nd. 2	1230		
	BURIAL, CREMATION,	1	23b. DATE	23c. N	AME OF C	HILL ( emt		23d LOCATH	NC		SALATA.	and si	TATE
24 5	Buru	al	Hug. 29	1983   (	edar	TILL CEILL	95- DATE	DECID BY DEC	METDAD!	Que l'es	Maryl	- Court	1
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DHMH - 16 50M 4/82 (VRA 15, 4)

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d	REGISTRAR  1. DECEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
W W		ANEY) J. BLANE		8-17	1.00.
(M)>	3. SEX Male	4. RACE Black	5. DATE OF BIRTH MONTH DAY 10. 5 24	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS.
0 1 計 新	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?  U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY  Baltimore C	
by the fun	10. CITY OR TOWN OF DEATH  Baltimore		NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
in 24 hours y filled in b should be fi	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION   13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 902 N. Milto	21205 n Avenue
malerel and 2 cond 2 cond 2	4. FATHER'S NAME Clarence	Blaney	15. MOTHER'S MAIDEN N	WIDDLE	Smallwood
ficote be execut ficote be execut physicion and co popers. Poges mayol.	160. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. O	ARMED FORCES?   16b. SOCIAL SEC GIVE WAR OR DATES]   2 16-14-		ney 902 N. Mil	ton Avenue
PRDS, 201 W. PRESTON ST., BAI requires that the death certificate an signed by the ottending physic. Then please remove carbon paper or to buriol, cremotion, or removal injury, or other traumotic events.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN		JENCE OF  DEATH BUT NOT RELATED TO THE TER		
AL RECOR	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		HOPERATION WAS PERFORMED	YES NOT IN CERTIFY	
DIVISION OF VITAL RECORDS, ATTENDING THE NOW requirements of attendance of the central control of the control o	OR CONTRIBUTING CAUSE OF I  (IF EITHER NOTIFY MEDICAL EXAMIT  21d. INJURY OCCURED  WHILE NOT WHILE AT WORK  220. I certify that (I)  sow the deceased alive obove, (I) (G) and (did	DEATH HOUR A.M. MONTH	PAY YEAR 19 21f. LOCATION STREET  7-25- , 19 8 3 , and that in (my low opinio	CITY OR TOWN	COUNTY STATE  19.83 , that (I) lost or and from the couses stated
TO HOSPITAL CH. retained by th. TO FUNERAL DIR should be detertive with the Stote Dirt.	226. SIGNATURE 224. PHYSICIAN'S NAME, (TVP  MRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FOR A.F. NOUF			
	230. BURIAL, CREMATION, REMOV.		id. Veteran Cem.		M . d

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June James Carle	Ola de la	REPLANT AND		

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

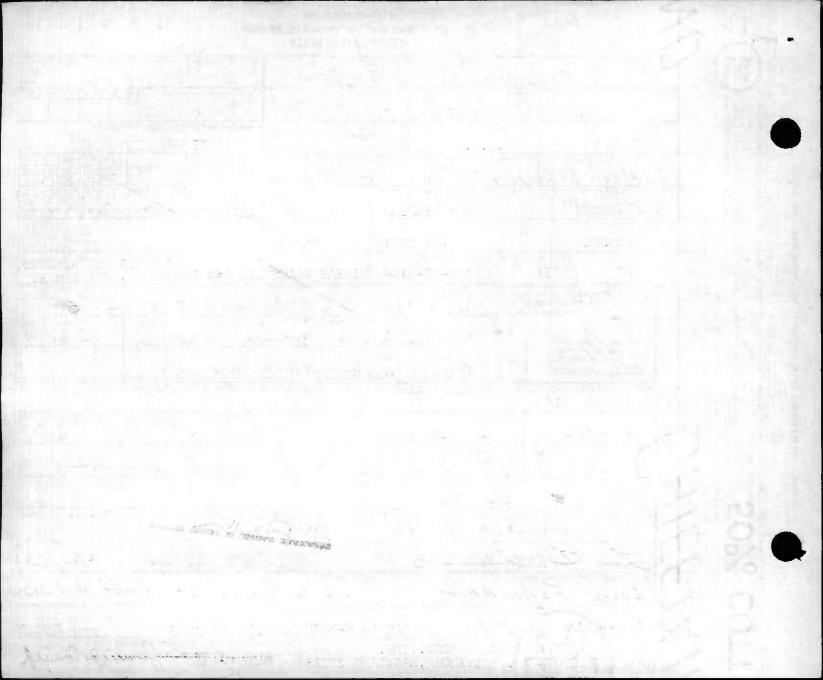
REGISTRAR		dell'illian	is of benin	REG. NO.	
DECEASED NAME	MIDDLE	7 LAST	4	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Ry	mour	0/90	STEIN	08	10 83 1,0 P
. SEX	4. RACE	5. DATE OF BIR	TH THE	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
//)ALE	Caucasian	1 02 0	23/19	64 YRS.	
BIRTHPLACE LISTATE OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
EW YORK	U.S.A.	WIDOWED	DIVORCED [	BALTIMORE C	ITY
CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N		HERINSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS C
Daltin okl	Universit	y of Md,	(Miemssi	TRUCK DRIVER	TIMES CORP.
SUAL RESIDENCE IF HURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	INSIDE CITY LIMITS?	130. STREET ADDRESS 44 AS	BURY ST) (0764
AXXXXJERSEY	ist. Cit i On	130	S NOXIX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FATHER'S NAME	MIDDLE LAS		NOTHER'S MAIDEN NA		
SAMUEL		AUSTEIN	FLORA	MIDDLE	COHEN
. WAS DECEASED EVER IN U.S. AF		SECURITY NO. 17. I	NFORMANT	ADDRESS 076	
(YES, NO CE WHIKNOWN) WWY	E WAR OR DATES) 129-0	7-3134 MI	RIAM BLAUST	TEIN 544 ASBURY	ST. NEW JERSEY
18 CAUSE OF DEATH (Enter or	huana sausa par lina for to t	h) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF		h accident	1
			RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	IVEN IN PART Ita
190 DATE OF OPERATION  8/10/83  210, ACCIDENT WAS UNDERLYING	196, CONDITION FOR W	INCH OPERATION W	AS DEBLORATED	20a. AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
8/10/83	see #		AS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	210	HOW INJURY OCCUR		PART 1 OR PART 2)
OR CONTRACTOR OF CHURT OF OF		DAY YEAR	Mofor	reliefe ac	cident
IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211.	LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE	R + 9.5	OFFICE, FARM ETC )	STREET	CILLOKIOMA	COUNTY
220.1 certify that (I) (this hasp	ital) attended the deceased	fram_ 8 10	19 8	3 10 3/10	19
saw the deceased alive as		19 83 , and the	at in (m) (m)	SHENCE SANGEN	our and from the causes stated
22b. SIGNATURE	7	DEGI	REE CANADA SON	gedrau st	22c. DATE SIGNED
Z- 740	-	mD Cr	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/8-
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220	ADDRESS		0001
60013 FL	MACBAUM	A STATE OF	2256	reene St 1	Salf Md 21
BURIAL, CREMATION, REMOVAL		23¢ NAME OF CEME	TERY OR CREMATORY	123d LOCATION	
REMOVAL-BURIAL	8/12/83		K-BETH EL C	CITY OR TOWN	NEW JERS

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR PARE SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250 DATE REC'D. BY REGISTRAR 25b. REPISTRAR'S SIGNATURE

AUG 1 6 1983



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

executed within 24 hours after death. P.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.
I. DE	ECEASED NAME FIRST PE OR PRINT]  AND	MIDDLE	BL	oom	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOU G. 28 1983 7:57
3. SE	FEMALE	4. RACE CANCASIAN	S. DATE O	F BIRTH 1903	6. AGE (IN YEARS LAST BI	YRS.
17	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  ENGLAN 7	76. CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED DIVORCED DIVORCED	RANT	OR COUNTY OF DEATH
90	BAVIMORE	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVESTRE LEVINYAVE HERS		HOSPITAL	TYPE OF WORK FOR MOST	WIFE 126, KIND OF BUSINE INDUSTRY HON
13a.	MARYLMY 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  INTY  13c. CITY OR TO	OWN .	13d. INSIDE CITY LIMITS? YES NO [		CROFT RV. AST. E
300	ISRAEL	STERN LAST		KATE	MIDDLE	UNKNOŴŇ
	WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECULE WAR OR DATES) 218-26-		3106 BANCRO	K BLOOM ADDR FT RD. B	APT. E ALTO., MD 21215
ATION	PART 2. OTHER SIGNIFICANT  WA 35W  199. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO  TIVE DEMENTIAL  Tigh. CONDITION FOR WHICE	2	THE SE	INAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
. /   9	THE BAIL OF GIVEN					
AE					YES NO	IN CERTIFYING CAUSES OF DEAT
CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		IN CERTIFYING CAUSES OF DEAT
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR 211. LOCATION STREET		IN CERTIFYING CAUSES OF DEAT YES NO [  JRY IN ITEM 18 PART   OR PART 2]
100	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that this has	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pitol) oftended the degeosed from	TE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IN CERTIFYING CAUSES OF DEAT YES NO [  JRY IN ITEM 18 PART   OR PART 2]
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WEDICAL 23a.	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (this has)  Sow the deceased alive or  above, Live) (did) (did)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE  BURIAL, CREMATION, REMOVA  (SPECIFY) BURIAL	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  pitol) ottended the deceosed from  All view the body ofter death.  OR PRINT)  OR WALL  OR PRINT)	TO THE PROPERTY OF CO.	211. LOCATION STREET  19 10 11 12 11 11 12 11 11 11 11 11 11 11 11	CITY OR TO  CITY OR TO  CHECK THE CONTROL OF INJURE  CITY OR TO  BALTIMOR	IN CERTIFYING CAUSES OF DEAT YES NO DAY IN ITEM 18 PART I OR PART 2)  DWN COUNTY S  At that (1)  Late and hour and from the causes state  LATING COUNTY AND COUNTY AN

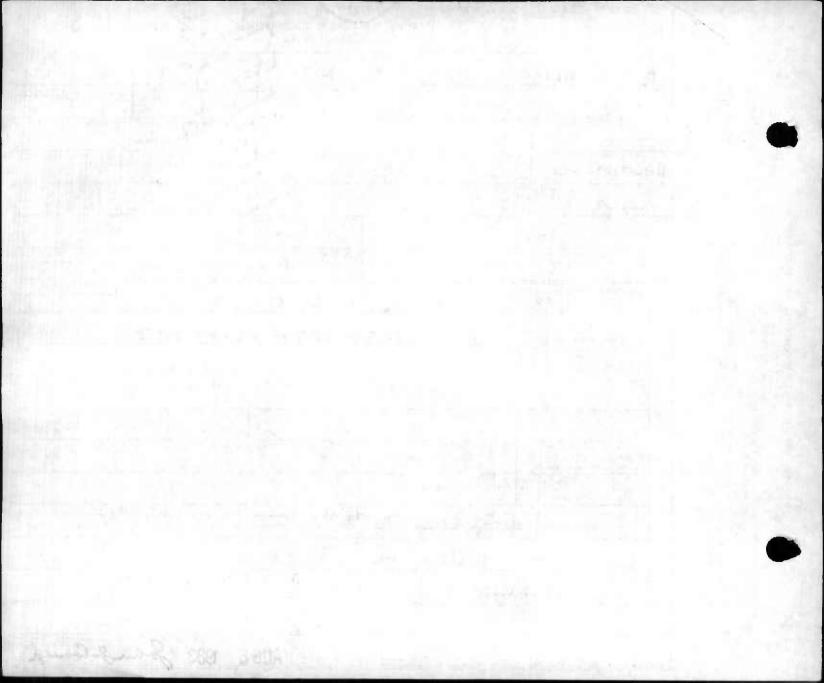
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

BP. DHMH - 16 60M 1/ (VR A 15 (4))

1	FOR		STATE OF I	11.5	63		3 1	
	- STATE	DE	PARTMENT OF HEALT		IEND 2	U	9 0	)
	REGISTRAR		CERTIFICAT	TE OF DEATH	REG. NO	D		
	DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY		2b. H
	13 ALI	CE M	BLU	NT		8 5	83	3.
3 5	SEX	4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTI	HDAY) IF U		IF UN
1	Female	Negro	3-4-	13	70	YRS.	HS DAYS	HOU
47	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
	lark Co., Va	U.S.A.	WIDOWED [	DIVORCED [	BALTIM	OFE		
4 B	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV Provident	VE STREET ADDRESS)	HER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		2b. KIND OF NDUSTRY	BUS
US 130	SUAL RESIDENCE (IF NURSING HOME a. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENT UNITY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN 13d 1	NSIDE CITY LIMITS?	13e STREET ADDRESS	1)12	lla	
	Maryaadd	Balti		NO 🗆	2512 Harle	m Avenu	e	
W 14	FATHER'S NAME William Bult	er LA	AST 115 M	NOTHER'S MAIDEN NAV Henrietta			LAST	
/ 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	A COURT LANCE OF COMMON ASSESSED.		NFORMANT Ewis Bulter	- 1615 N.		St. 21	12
-		anly one cause per line far (a), SED BY:				J	APPROXIM BETWEEN OF	
	Conditions, if ony, which	( 16) ATHE	ROSCELC	PRETIC	HEART &	SEASE		
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ROSCELO NSEQUENCE OF BL	EED 2º	ULCER			
NO	gave rise to immediate cause lair, stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR ASA CON	ROSCELO NSEQUENCE OF BL	EED 2º	ULCER		N PART 11a	
TIFICATION	gave rise to immediate cause lair, stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR ASA CONTRIBUTIONS CONTRIBUTION	ROSCELO NSEQUENCE OF BL	EED 2°	ULCER		ERE FINDING G CAUSES C	OF D
AL CERTIFICATION	gave rise to immediate cause lating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONTINUE TO CONDITIONS CONTRIBUTION FOR A CONTINUE OF INJURY HOUR A.M. MONT	NSEQUENCE OF BL NG TO DEATH BUT NOT IN WHICH OPERATION WA	EED 2° RELATED TO THE TERM	UL C ER	DITION GIVEN I	ERE FINDING G CAUSES C	OF D
MEDICAL CERTIFICATION	gave rise to immediate cause lating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONTINUE TO CONDITIONS CONTRIBUTION FOR A CONTINUE OF INJURY HOUR A.M. MONT	NSEQUENCE OF BL NSEQUENCE OF BL NG TO DEATH BUT NOT I WHICH OPERATION WA TH DAY YEAR  19  216.	EED 2° RELATED TO THE TERM	VL C FA	20b. IF YES, WI IN CERTIFYIN YES YIN ITEM 18, PART 1	ERE FINDING G CAUSES C	GS U
	gave rise to immediate cause iai, stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN THE LAT WORK AT WORK  22a. I certify that (I) (this has say the deceased give.	DUE TO, OR ASA CONTRIBUTION  T CONDITIONS CONTRIBUTION  19b. CONDITION FOR THE CONTRIBUTION  19b. CONDITION FOR THE CONTRIBUTION  19b. CONDITION FOR THE CONTRIBUTION FOR THE CON	NSEQUENCE OF BL NG TO DEATH BUT NOT I WHICH OPERATION WA  TH DAY YEAR 19 OFFICE, FARM, ETC.)  from S-GE 19 DEGRI	RELATED TO THE TERM  S PERFORMED  HOW INJURY OCCURR  LOCATION STREET  19  t in (my) (our) opinion of	VLCER INAL DISEASE OR CONE  200 AUTOPSY?  YES NO CONTROL  CITY OR TOW  to Control  to Control  to Control  death occurred on the do	20b. IF YES, WHIN CERTIFYING YES VINITEM 18, PART 1	COUNTY	not (
	GOVE rise to immediate cause ion, stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF LIFE EITHER, NOTIFY MED	DUE TO, OR AS A CONTRIBUTION OF TOO DITIONS CONTRIBUTION FOR YOUR A.M. MONTERS P.M.  21b. TIME OF INJURY HOUR A.M. MONTERS P.M.  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, Spital) attended the deceased an anoti view the body after death  HOUR A.M. MONTERS P.M.  EORPRINT)	NSEQUENCE OF BL  NSEQUENCE OF BL  NG TO DEATH BUT NOT II  WHICH OPERATION WA  TH DAY YEAR 19  OFFICE, FARM, ETC.)  Tram  19  DEGRI  22e	RELATED TO THE TERM  SPERFORMED  HOW INJURY OCCURR  LOCATION STREET  I in (my) (our) opinion of the company of	VLCER  NAL DISEASE OR CONE  200 AUTOPSY?  YES NO  ED (ENTERNATURE OF INJUR  CITY OR TOW  A to STAF  DIRECTOR PHYSIC  Liber by f	20b. IF YES, WINCERTIFYING YES TO THE TITLE TH	COUNTY	hot (
MEDICAL	gave rise to immediate cause ion, stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION AT WORK  21d. INJURY OCCURRED  WHILE WORK AT WORK  22a. I certify that (I) (this has saw the deceased alive above, (I) [we] (did) (did)  22b. SIGNATURE	DUE TO, OR AS A CONTRIBUTION  T CONDITIONS CONTRIBUTION  196. CONDITION FOR INJURY HOUR A.M. MONT ERN  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, AT HOME STREET, FACTORY, AND AT HOME EOR PRINT)  M. MATH	NSEQUENCE OF BL  NSEQUENCE OF BL  NG TO DEATH BUT NOT II  WHICH OPERATION WA  TH DAY YEAR 19  OFFICE, FARM, ETC.)  Tram  19  DEGRI  22e	RELATED TO THE TERM  S. PERFORMED  HOW INJURY OCCURR  LOCATION STREET  T in (my) (our) opinion of the company o	VLCER  NAL DISEASE OR CONE  200 AUTOPSY?  YES NO  ED (ENTERNATURE OF INJUR  CITY OR TOW  A to STAF  DIRECTOR PHYSIC  Liber by f	20b. IF YES, WINCERTIFYING YES TO THE TITLE TH	COUNTY	not (

Item 8 Film G503 9/16/03



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours all

retained by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral drin should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather troumatic event, the medical exeminer must be natified at once.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENS

5 2

REGISTRAR		CERTII	ICATE OF DEATH	REG. I	NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	0.	AST	2c. DATE OF DEATH	MONTH DAY		2b. HOUR
Juli	2	BI	VdeN		8-56	2.83	10.30 AM
3. SEX	4. RACE	S. DATE		6. AGE (IN YEARS LAST E	BIRTHDAY) IF UN		IF UNDER 24 HRS
Female	Black	M9NT	04 03	78	YRS.	HS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Virginia	U.S.A.	WIDOWE	1/	- D-D-	timore		MD.
10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GM	OSPITE!	OF Mary la	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		26. KIND OF NDUSTRY	BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland	NTY 13c. CITY O		134. INSIDE CITY LIMITS	1811 Pr	esbury S	treet	17
14 FATHER'S NAME FIRST	MIDDLE LA	IST	15 MOTHER'S MAIDEN	garet		LAST	
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		RESS		
			Henry Gri	fin 1811 Pr	lesbury S	treet	
18. CAUSE OF DEATH (Enter or	nly ane cause per line for (a),	(b), and (c).)				APPROXIMA	ATE INTERVAL NSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (a) Can	diopul	monary	arrest.			
1749	DUE TO, OR AS A CON	SECUENCE OF	. 7.	A .		10	down
Canditians, if any, which	. 64	10 Card	eal in	faction		10	0
gave rise to immediate cause (a), stating the	10/	ISSOLUTINGS OF		0			
underlying cause last.	DUE TO, OR AS A CON	MOMOL "	& breast	with metas	tasis.		
PART 2. OTHER SIGNIFICANT	167		NOT RELATED TO THE T	FRMINAL DISEASE OR CO.	NDITION GIVEN I	N PART 110	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING G CAUSES C	S USED OF DEATH?
21a. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING CAUSE OF DE	AIR	19					
OR CONTRIBUTING CAUSE OF DE CHETTER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR	TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	314661	CITTOR			OTATE.
220.1 certify that (I) (this hosp	ital) attended the deceased	from 4	15 19 8	2 , to 8	-26 19	£3, th	not (I) (we) last
saw the deceased alive an		1982,01	nd that in (my) (aur) opin	nion death accurred an the	dote and hour and	d fram the co	ouses stated
22b. SIGNATURE	at) view the body after death.		DEGREE	Mel and a second		22c. DATE SI	IGNED
Mathers			ATTENDIN PHYSICIAL		AFF	8-	26-83
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	1 DIRECTOR PHIS	ICIAN LX	1-	
A' Mathew.			Luthezar	Ash hospita	Le Bal	linu)	le '
230. BURIAL, CREMATION, REMOVAL	23b. DATE 8/30/83		EMETERY OR CREMATO	RY 23d. LOCATION	ore, Mary	UNIY	STATE
24. FUNERAL DIRECTOR	0,00,00	Inc. P		DATE REC'D, BY REGISTRA			D.C.
24. FUNERAL DIRECTOR	2 ml / AD	DRESS		SEP 1 1983	ZEGISTRAR'	SSIGNATUI	KEO
1/EKNON K	DILLIEY /	348/	BLHOUN DI	DEL 1 1900	Jours	7	-7

8 PALHOUN

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

A Third Constant Turbles To thought the SEPT THE SAME SAME

## STATE OF MARYLAND

CERTIFICATE OF DEATH

la	U	3	THE	ALM

-1		REGISTRAR			CERTII	ICAIL OI DEATH		REG. NO.					
		PECEASED NAME FIRST MIDDLE  (PEOR PRINT)  (DO ARN) MATTIE  B.			t.	Bolden	2a. DATE OF	DEATH MO	ONTH DA	Y YE AR	26. HOUR	m	
1	(TYPE				CN	PATTIP)		8	83	9:58 M			
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHD	(AY) IF	UNDER I YEAR	IF UNDER 24 HRS	_	
		Fomale	Bloc	10	MONTH	18 18	65	y.o.	YRS.	ONTHS DAYS	HOURS MIN.		
6	7n. 816	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY	? 8.		1	RE CITY OR C		OF DEATH		-	
3	C	COUNTRY)	USA		MARRIE	NEVER MARRIED	10	11 501	· 0:	7/			
e	Virginia  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING				WIDOWE ING HOME C			OCCUPATION	12h KIND C	7 MD. 2b. KIND OF BUSINESS OR			
0 16 01				IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).				FOR MOST OF W					
2	TISTIA	AL RESIDENCE (IF NURSING HOME	7 10 10 1	RSI FU M	OSPITA	1-BAltimore	MOU	50 m1 f	0		2121	-	
A		TATE 13b. COL	YTKIL	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET	- 2 6/		01	2121	0	
Z	/	0/d.		1201 tin	1000	YES NO I	420	18 100	DNHER	10.		_	
W	14. FA	THER'S NAME FIRST	MIDDLE	LAST		FIRST ,	AME	MIDDLE	- 1	LAS	ST		
IU		John	R.	Kels	AW	Kate	5	Ti )	OPN			_	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS					
		No	217-20-4001 Norman Kelsaw 4208										
	540	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										_	
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Cardeopulana, arrest										_	
		1991 DUE TO, OR AS A CONSEQUENCE OF											
		Canditians, if any, which	( 1b)	Me	tarta	4 Cancer	_						
		gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU	LIENCE OF								
		underlying cause lost.	(5)	K AS A CONSEGN	OLIVEE OI			015	- 1/4		11. 11.		
		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE	OR CONDIT	TION GIVEN	N IN PART 1	a.	-	
	NO N												
7	CERTIFICATION	190. DATE OF OPERATION	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20m AUTO	20a AUTOPSY? 20b. IF YES,				_		
	IFF						YES 🗆	NO	YES	_	NO		
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OCCUP	RRED (ENTERNA	TURE OF INJURY II	NITEM 18 PAR	RT I OR PART 2)		_	
1		OR CONTRIBUTING CAUSE OF D	0101	M. MONTH I	7 198	2	-						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION		CITY OR TOWN		COUNTY	STATE	-	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC )	STREET		CITORIOWA		2001411	STATE		
		220.1 certify that (I) (this has	pital) attended th	e deceased from	7/	26 19 83	ta	8/7	>	983	that (I) (we) last	-	
		saw the deceased alive	n 8/7	183 19	83,01	nd that in (my) (aur) apiniar	n death accurre	d an the date	and haur	and fram the	causes stated		
		obove, (I) (we) (did) (did	nat) view the body	ofter death.	-0 (	DEGREE			111	22c. DATE		-	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									7/83		
P		22d PHYSICIAN'S NAME (TYP	E OR PRINT)	1	mo	22e. ADDRESS	1 11	1	1	A 11	10		
		(Thoules	N. ()	2/2001	111,12	UNIVERSI	to Ho	1201 ta	/	Balt	- 11/2		
	23n P	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCA		- 1	- 11	1_7. 5	=	
		BURIAL	8/11			lemorial Pk	. Ran	daT1s	town	COUNTY	Md.		
	24. FU	UNERAL DIRECTOR					ATE REC'D. BY R				TURE I	-	
		m "C" March F	H Inc.	110 PDRE E	Nort	h Ave. Al	JG 9 1	983	Jour	~	my		

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 thauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medica



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

+	8	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH  STATE OF MARYLAND  REG. NO.								
1			CEASED NAME FIRST	1 Am	DIE M	ias F	BOLEK	Za. DAT	S -/	8 - 8	OAY YEAR	26. HOUR 418 PM	
allo c		3. SE)		1. RACE	AsiAn	5. DATE OF	BIRTH YEAR		(IN YEARS LAST BIR	THDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS	
72 hou	5	7a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY) AND LAND	76. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED		Ba T	mcv (	0 1 1	Y MD.	
offied	1	10 CI	altimore		SPITAL, NURSIN		other institution	{TYPE OF	JAL OCCUPATI WORK FOR MOST O	F WORKING LI		1	
ond 2 should be fit exominer must be a	5	USUA 130. S	TATE 13b. COUL	OTHER INSTITUTION GIV NTY 13	136. CITY OR TOWN  136. INSIDECITY LIMITS?  136. STREET ADDRESS  136. STREET ADDRESS  136. STREET ADDRESS  136. STREET ADDRESS  137. STREET ADDRESS  138. STREET ADDRESS  138. STREET ADDRESS  138. STREET ADDRESS  138. STREET ADDRESS							2+ 31531	
ond 2 sh	00	14. FA	JOHN NAME	MIDDLE	Bole	K	S. MOTHER'S MAIDEN	Λ	WIDDLE		LAS	ıt	
Pages 1	/		VAS DECEASED EVER IN U.S. AR ES, NO ORANKNOWN) (IF YES, GIV	MED FORCES? 16	217-09	RITY NO.	Rar bal	A LA	ADDRE	3248	E. Du	1 to st.	
corbonpopers corbonpopers of or removal.			2762	TE CAUSE (0)	ne for (a), (b), and	Car	diae t	Arres	+		BETWEEN	MATE INTERVAL ONSET AND OFATH	
of cremotion of cremotion			Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(c)	AS A CONSEOUE	1	Acidosi	's					
Then pl r to buri injury, o		NO	PART 2 OTHER SIGNIFICANT	ena(	Fai	lure				3300			
it permit. I iene prior		CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH	OPERATION	WAS PERFORMED	20a A	NO [	IN CERTI	S, WERE FINDIN FYING CAUSES ES		
is certificate h burial-tronsit p Mental Hygier ar Item 18 shav	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.		AY YEAR 19	21c, HOW INJURY OC	CCURRED (ENT	ER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
OR: After this certificate os the burial-theolth and Mental is marked ar Item		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET	T, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
for use of Healt of Healt 21 is mo			220.1 certify that (this hasp sow the deceased alive or above, (1) (w.) (did) (did	18 Hugu	2t 19	07	that in (my) (94) op	83, to	curred on the d			that (1) (ver) lost couses stated	
AL DIRECTO detached for ate Dept. of I			Robert &	). Slemi	a	M	ATTENDIT	NG MEDIC	CAL STA		8-16	3-83	
should be detored the should be detored with the State [MPORTANT: If			Robert	- Andrew	limar		Baltim	ore (	City,	405/	sital.		
<u>`</u>			SPECIFY)  Community				VICW		By b	(	COUNTY	MJ.	
6 50M 4/82 . 15, 4)		24. FU	NAME A COL	_	2-7/6-1	7 E.M.	numentat 250	AUG 2	BY REGISTRAR 2 1983	256.06GIS	TRAR'S SIGNA	shield	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



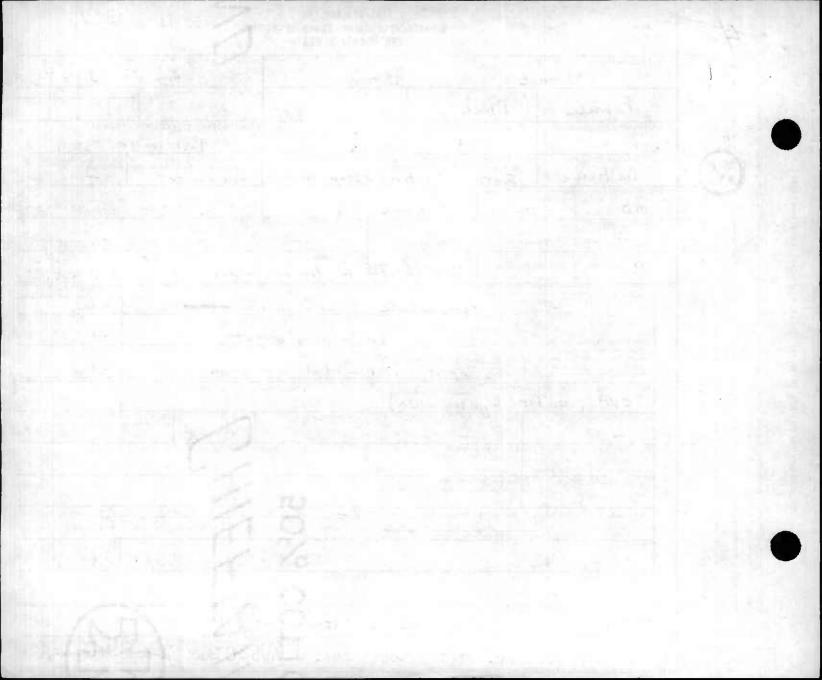
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	STATE OF M	ARYLAND	0 4
DEPARTMENT	OF HEALTH	AND MENTA	L HYGIENE

	1 -	FÓR STATE _REGISTRAR		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE REG. 1	۷٥.					
1		EASED NAME FIR	\$1	MIDDLE	· ·	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR		
1	11YPE	OR PRINT)	mie		Ba	nd		Aug	27	83	4 45	- M	
1	3. SEX		4. RACE		5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UND	DER I YEAR	IF UNDER 24	HRS	
	J. JLX	Fennels	Bla	ck	MONTH	DAY YEAR	85	MONTH	S DAYS	HOURS /	MIN.		
		100//2002	1		08	1 98		Tito.					
6		THPLACE (STATE OR FOREIG		WHAT COUNTRY?	MARRIE	D & NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH						
2	We	st Virgini	ia U	SA	WIDOWE	DIVORCED	Da	ty,	MD.				
10	10 CIT	Y OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION				12b. KIND OF BUSINESS OR INDUSTRY			
9		Baltimore		South Balt		e Gen. Itosp		House wife			arcy invocation		
	USUA	L RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		to senser opposes						
5	13e S	m D	COUNTY,	Baltie		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		o St	ree	+ 211	205	
4	II EA	THER'S NAME	-	Daili		15. MOTHER'S MAIDEN NA	823 N. Wolfe			Derect 2120.			
1	17 10	FIRST	MIDDLE	LAST		FIRST	MIDDLE			LAS	Ţ		
9		Albert	James	Johns		Mary	Haynes			Johnson			
7		AS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU	1 000	17 INFORMANT		RESSBro		-	N.Y.		
	,,,	NO		Fannie Johnson 24 Stone									
1		18 CAUSE OF DEATH (E)	nter anly one cause pe	r line far (a), (b), an	dici.)			13.75		BETWEEN	MATE INTERVA	ATH	
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) chrescuble cerebral anexia + H. +.								4days			
		0 2 0G IMMEDIATE CAUSE (6) CONTROL OF THE CAUSE (6) CONTROL OF THE CAUSE (6) CONTROL OF THE CAUSE (7) CONTROL OF THE CAUS											
	377	Conditions, if ony, which (b) Full cardiopulmenary affect								4 days			
		Canditions, if ony, wh gave rise to immedia		PUII Cai	diop	cimenary an	7-2-1		-		,	_	
		cause (o), stating	the DUE TO, C	R AS A CONSEQUE	ENCE OF		1						
		underlying couse lo	(c)_	Sepsis.	mi	jocardial int	tare tion			Iday	5		
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION (	GIVEN IN	PART 1	0		
	CERTIFICATION	CVA, 9	oiter Chu	no thuroidis	in)						974		
V	AT	190 DATE OF OPERATION	1 196 CON	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?				GS USED		
	FF		_			YES NO	IN CER	YES	CAUSES	OF DEATH			
	ERT	21a. ACCIDENT WAS UNDERLY	ING   21b. TIME (	OF INJURY		21c HOW INJURY OCCUR		JURY IN ITEM		OR PART 2)			
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR											
	ICA	(IF EITHER, NOTIFY MEDICALE		P.M.	19	211. LOCATION							
	MEDICAL	21d. INJURY OCCURRED	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	FARM ETC )	STREET	CITY OR	IOWN	C	COUNTY	STA	TE.	
	-	WHILE NOT WHILE AT WORK						4		-			
	-21	22a.1 certify that (I) (this		he deceased fram_	8 -	19 6	, 10	+	19	-	that (I) (we		
		sow the deceased alive on 19 3, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										ed	
		226. DATE SIGNATURE  220. DATE SIGNED											
		Olga Mele 2: ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN OF 8/27/33											
-		224 PHYSICIAN'S NAME	(Type OR PRINT)	~		22e ADDRESS	_ oweelow _ time	7		0/4/	10)		
		1 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										739	
		Ulga	Melende					1-	(2	,			
		URIAL, CREMATION, REM	OVAL 236 DATE	/02 236	NAME OF	EMETERY OR CREMATORY	23d. LOCATION	0.200	COL	YTAU	Md STA	TE	
	1	BURIAL	9/1	/ 83   Ba	ilto.	National Ce	Baltime	DT G			Ma.		
	24. FL	INERAL DIRECTOR				25a. DA	TE RECID. BY REGISTRA	R 256 REC	ISTRAR'S	SSIGNAT	URE ·		
	Wr	n C March	F/H Inc.	1101°E	Nort	h Ave. A	UG 3 U 1983	100	mo	je la	mery		

DHMH - 16 50M 4/82 (VRA 1S, 4)

BP.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HAGIENE

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	1. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR
1	ROSE	TTA Cleaver BO	OKER	08 17	83 5:10pm
1	3. SEX			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	Femaile	NEGYO	Feb. 5- 22	- 6 ( YRS.	
И	TE BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Я	COUNTRY) Va	71. S. A.	WIDOWED DIVORCED	BALTIMORE	CITY MD.
Į,	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
9	BALTIMORE	THE JOHNS HOP		CIENK	HOSPITAL
P		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION)	13e STREET ADDRESS.	
	Md.	Balto.	YES NO	2723 BERYI	Ave. 21205
	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
	WILLIAM STATE	STAKE	/ /	Mode	Wright
1	160 WAS DECEASED EVER IN U.S. AF		ITY NO. 17 INFORMANT	ADDRESS	
1	IYES, NO OR UNKNOWN) (IF YES, GI	227-22-94	458 Claya RICI	hardson 272	BERVI AVE
		only ane cause per line lar (a), (b), and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (a) SEPSIS			24 HAI
	5570	DUE TO, OR AS A CONSEQUEN	NCE OF		
1	Conditions, if ony, which	( (b) NECROTIC	the state of the s		24 HAS
1	gove rise to immediate cause (0), stoting the	DUE TO, OR AS A CONSEQUEN	NCE OF		
	underlying couse last.	(c)			
		CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
	HO CARLY 190. DATE OF OPERATION 8/17/83 210. ACCIDENT WAS UNDERLYING		PANCHEAS		
ľ	90. DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	8/10/83	NECTORL	Bower		NO [
Ĭ	OR CONTRIBUTING CALLES OF DE	THE HALL ASSOCIATED TO A		ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
H	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
	(IF EITHER NOTHEY MEDICAL EXAMINE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK			21/ 12	<b>**</b>
	22a I certify that (I) (this hasp sow the deceased alive a	n attended the deceased from		deoth occurred on the dote and ha	19_ <b>83</b> , that (I) (we) last
	obave, (1) (we) (did) (did n	not) view the bady alter deoth.	DEGREE	scom occarred on the dore and her	226. DATE SIGNED
	22b. SIGNATURE	A S	ATTENDING	MEDICAL STAFF	elin les
	THE PHYSICIAN'S NAME (TYPE	OR ORINITA	PHYSICIAN L 22e ADDRESS	DIRECTOR PHYSICIAN	1 8/11/11/2
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			HOPKINS HOS	0.000
Į.	SHONTEN	NICHOLAS A.	WE 30HYS	123d LOCATION	PITAL
	23a. BURIAL, CREMATION, REMOVA	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY . STATE
	HUSIA	18-02-83 171	DUCIUS/JENIPA	1 VIII DUTUS	1000

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-trainit permit. Then please remains with the State Dept. of Health and Mantal Hygiene prior to burial, cremation

IMPORTANT, If nem 21 is

24 FUNERAL DIRECTOR

AUG 1 9 183

A COLOR LANGE OF THE STATE OF T THE RESERVE OF THE PROPERTY OF AN PLANTE SHIP LINE WAS TO SHEET

FOR

5	TA	TE OF M	ARYL	AND	0 2
DEPARTMENT	0F	HEALTH	AND	MENTAL	HI GIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR 20. DATE OF DEATH . DECEASED NAME MIDDLE FIRST (TYPE OR PRINT) RANDOLPH AUGUST 6,1983 BEATRICE BOSLEY 10:32A M 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX HTHOM May 7. 1893 90 Female White BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED MD Baltimore City DIVORCED WIDOWED 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Librarian College Church Hospital Baltimore NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 100 N. Broadway 21231 Baltimore YES T NO [ MD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE Turner Arthur l ee Boslev Mav 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT LIF YES GIVE WAR OR DATEST Mrs. Richard T. Pilling 129 12 0675 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF FRACTURE NEXK OF FEMUR.RIGHT Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. POST OPERATIVE RIGHT HIP NAILING PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION FOR TUBERCULOSIS RX LUNG 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? AUGUST 5.1983 NOV 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AUGUST 220.1 certify that (1) This haspital attended the deceased from AUGUS saw the deceased alive on AUGUST 6 our apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did (did nat) yiew the bady after de 22c. DATE SIGNED 22b. SIGNATURE SERTIFICATION APPROVED BY MEDICAL EXAMINER AUGUST 6,1983 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR CHURCH HOSPITAL CORPORATION, 100 N. SOMPALLI PRASAD, MD. RAITIMORE MARYLAND 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY)
Burial Prespect Hill 8/9/83 Towson. Balto. .

24 FUNERAL DIRECTOR Henry W. Jenkinson Sons Co.

4905 York Read Balto. MD

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	CF8: 11-0. 11-12	

page 3 er death

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and campletely filled in by the funerals should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 lwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANT: If Item 21 is marked as Item 18 shows any injury, as other traumatic event, the medical exaginger may be notified at and

death. Page 4 may be

executed within 24 hours ofter

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the haspital ar attending physician

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL KOGIENE

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1'	- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG N	10.		
	PECEASED NAME FIRST	19918	B.	B	owler	20 DATE OF DEATH	MONTH DAY	YEAR 83	26 HOUR 820AA
	Female	4 RACE Black		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UT	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia		WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED A	BALTIMORE CITY OF		DEATH	ME
E	CITY OR TOWN OF DEATH	Provi	den T	HOS	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O DOMESTIC	ON OF WORKING LIFE)		FBUSINESS OR te Famil
130	Maryland	ME OR OTHER INSTITUTION OUNTY	134 CITY OR TOW Baltimo		13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS 1316 Long	wood St	reet-	21216
1	FATHER'S NAME FIRST Andrew	WIDDIE	Bowler		IS. MOTHER'S MAIDEN NA FIRST Clacie	MIDDLE		Wins	ton
16a	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	159 -28		Mrs. Mary	Nelson 131	6 Longwo		t.21216
CERTIFICATION		DUE TO, O  (c)  NT CONDITIONS C  C A C C I N C	ontributing to E	CIND DEATH BUT	not related to the term Colon on was performed	Breas ANNAL DISEASE OR CON	20b. IF YES, WE	ERE FINDIN	IGS USED
MEDICAL CERTIF	OR CONTRIBUTING CAUSE O  (IF EITHER, NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	F DEATH HOUR A. INER) P. 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	21t. HOW INJURY OCCURI	CITY OR TO		OR PART 2)	NO _
e	270 I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (did (II) SIGNATURE 274 PHYSICIAN'S NAME (II)	d not) view the body  (PE PR PRINT)	18 19 1	Au c	nd that in (my) (aur) apinion DEGREE  M. D. ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA	FF CIAN (	22c. DATE:	
L	BURIAL CREMATION, REMOTE Burial		5,1983 A	rbutu	EMETERY OR CREMATORY IS Memorial Pk		Baltimo	ore	Md.
	Nutter's and S Funeral Home,	ons.	2501 Baltimor	nn Fa	ALLS PRWY	E REC'D. BY REGISTRAR	NEGISTRAR'	S. Car	Lyce A

DHMH - 16 60M 1/75 (VR A 15 (4))

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A Series T. Jene. Bellinere, Mr. Main La

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital ar attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

I. DE	CEASED NAME	FIRST	ME	DDIE	L	AST	REG. N	MONTH OAY	YEAR 76. HO
(TYPE	E OR PRINT)	Theres	sa H		F	Bozel	August	19 1983	7:5
3. SE	x Femal	4	I. RACE	•	5. DATE C		6. AGE IN YEARS LAST B	RTHDAY) IF UNDER	RIYEAR # UNDE
	Male		Caucas	ian	MONTH.	7 13 1940	43	YRS.	DAYS HOURS
	IRTHPLACE (STATE		6 CITIZEN OF W		8		9 BALTIMORE CITY		ATH
2	Md.		U.S.A		WIDOWE	DENEVER MARRIED DIVORCED	Baltim	ore City	7
10. C	ITY OR TOWN OF	DEATH 1	1. NAME OF HO	DSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a LISUAL OCCUPAT	TION 12h	KIND OF BUSIN
7	Md.			Memor		Hospital	Type of work for most Data Pr	ocessor	-
USU.	AL RESIDENCE (#	NURSING HOME OF O	THER INSTITUTION, GI		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	East
	Md.	-		Baltim		YES NO	3060 May		Produce 2
14. FA	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE		LAST
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	WAS DECEASED E	VER IN U.S. ARM	MED FORCES? 1	66 SOCIAL SECU	URITY NO.	17. INFORMANT	ADDI		same
	no	(4 123, 3112	2	14-40-	3079	Anthony B	Bozel (hus	band)	addre
	Canditions, if gave rise to cause (a), st	immediate tating the buse lost	DUE TO, OR A  (b) 10  DUE TO, OR A  (c)	AS A CONSEQUI 10 PA 7 AS A CONSEQUI	DENCE OF	PRIMARY C	CARDIOMY		2 mel
ATION	Canditions, if gave rise to cause (a), st	any, which immediate toting the base lost	DUE TO, OR A  DUE TO, OR A  (b) 10  DUE TO, OR A  (c) 00  DODODITIONS CON	AS A CONSEOUI 10 PA 7 AS A CONSEOUI	DENCE OF DEATH BUT	PRIMARY	CARDIOMY	NDITION GIVEN IN P	FINDINGS USI
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	Conditions, if gave rise to couse (a), si underlying co	IMMEDIATE  any, which immediate toting the buse lost  SIGNIFICANT CO	DUE TO, OR A  (b) 10  DUE TO, OR A  (c)  DNDITIONS CON  196. CONDITI	AS A CONSEOUI 10 PA 7 AS A CONSEOUI NTRIBUTING TO 100 FOR WHICH INJURY MONTH D.	PENCE OF THIC	PRIMARY C	MINAL DISEASE OR COM  20a AUTOPSY?  YES   NO	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USI AUSES OF DEA
MEDICAL CERTIFICATION	Conditions, if gave rise to couse (a), sit underlying control of the country of t	IMMEDIATE  any, which immediate toting the buse lost  SIGNIFICANT CC  ERATION  SUNDERLYING  CAUSE OF DEATI MEDICAL EXAMINER)	DUE TO, OR A  (c)  DUE TO, OR A  (c)  DNDITIONS CON  19b. CONDITI  21b. TIME OF H HOUR A.M. P.M.  21e PLACE OI	AS A CONSEOUI 10 PA 7 AS A CONSEOUI INTRIBUTING TO I INTRIBUTING TO I INTRIBUTING TO I	DEATH BUT  H OPERATION  DAY YEAR  19	PRIMARY C	MINAL DISEASE OR COM  20a AUTOPSY?  YES   NO	20b. IF YES, WERE IN CERTIFYING CYES URY IN ITEM 18 PART I ORI	FINDINGS USI AUSES OF DEA
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WEDICAL 230. 1	Conditions, if gave rise to couse (a), si underlying control of the country of th	IMMEDIATE  any, which immediate toting the buse lost  SIGNIFICANT CO  ERATION  SUNDERLYING   COMMENT C	DUE TO, OR A  (b) 10  DUE TO, OR A  (c) 19b. CONDITIONS CON  19b. CONDITIONS CON  21b. TIME OF HOUR A.M.  21c. PLACE OF (AT HOME, STREE)  view the body of	AS A CONSEQUING TO AS A CONSEQUENCE TO	DEATH BUT H OPERATIO  DAY YEAR 19 FARM ETC)	PRIMARY CONTROL PRIMARY OF THE TERM NOT RELATED TO THE	MINAL DISEASE OR COP  200 AUTOPSY?  YES NO  CITY OR T  CITY OR T  A CEDICAL STA  DIRECTOR PHYS:	20b. IF YES, WERE IN CERTIFYING OF YES URY IN ITEM 18 PART I OR OWN COUNTY IN ITEM 18 PART I O	PART 2)  , that (I) om the causes so. DATE SIGNED

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R	F IS NECES TO THE CONTROL OF THE SEE S FOR THE SEE SO WE PRESTON STREET,
ALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARENCE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIFECTOR. BY A SHOULD BE FORWARDED TO THE CHIEF MORDING WITH FORM PM. 3. SETAIN PAGE 5 FOW OIL HILLES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSPIREMENT OF PAGES 1 AND 2 SHOULD BE FILED, WITHIN 27 HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SECUTED WITHIN 24 HOURS NG" IN PENCIL IN ITEM 18 C CAL EXAMINER ALONG WI BURIAL TRANSIT PERMIT F I AND MENTAL HYGIENE, DIN AATION, OR REMOVAL.
DIVISION OF VITAL RECOI	IS CERTIFICATE SHOULD BE E RITING THE WORD "PENDLI REDED TO THE CHIEF MEDIC GE 3 SHOULD BE USED AS A TE DEPARTMENT OF HEALTH 201 PRIOR TO BURIAL. CREA
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERM AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENI BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP\_\_\_\_ DHMH - 17 (VR A15 ME (5)) 20M 4/82

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DEPARTMENT OF HEALTH AND MENTAL HYG	IENE	line	U	1	O	Com
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		EASED NAM OR PRINT)	Anna Anna	Ma	a.e		adley		20. DATE KNOWN OF ESTI- DEATH MATED	8 🖾	30 <sub>19</sub> 83	2b. HOUR
	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UN	DER 24 HRS.	2c. DATE PRONOUNCED	HTMOM	DAY YEAR	zu. HOOK
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7	16a. W		ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES]	166. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRE:	SS		
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		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	ERMINAL DISEASE	E OR CONDITION GIVEN	IN PART 1 o				
7	CERTIFICATION	19a. DATE O	FOPERATION	196. CONDIT	ITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPS	Y?
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	ERT	21s. EXTERN	IAL CAUSE WAS	21b. TIME OF			OW INJURY OCCI	URRED (ENTER	NATURE OF INJURY IN ITEM I	18 PART 1 OR PA		NO JAD
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1		214. INJURY	ING CAUSE OF D	DEATH P.M.		211.10	CATION					
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		220. 1 cert	tify that I took charg	ge of the remains desc	mbed above, held ar	n Autops	sy , Insp	ection XX	Inquiry .	ond in my op	pinion	
3		death result	ted fram: Natur	ral causes X	Accident	Suicide	. Hamicide	Undet	termined manner	, 1		
	23		10	0/1/	100	10	TITLE (SPECIF	Y)				
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1		310111110110			1			,,,,,,	TOTAL EXAMINER	31014		
7		EXAMINER'S (TYPE OR PR	INITY	Dennis F. :	Smyth, M.	٥	ADDRESS	111 Pc	enn Street			
	23a. BU	JRIAL, CREM/	ATION, REMOVAL 2	236 DATE /0-	23c. NAME OF		R CREMATORY Memorial		OCATION	6011	NITY	CTATE
	(5)	Burial	- The R	9/3/83	Glen F	laven l	Memorial	GI	l'en Burnie	A.	A. Mc	TATE
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Wm C March F/H Inc. 1101 E North Ave.

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completel		THER'S NAME Reginal			Bra	nch	15. MOTHER'S MAIDE	ria	WIDDLE		Hard	
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The law reician.  te has been sit permit. Grene prior shows any is	CERTIFICATION		2/83	NECRO	TIZING		ROCOLITIS.	Y	ES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES	
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TO HOSPITAL (retained by the TO FUNERAL Established be detoned by the State ElmPORTANT, If		MAEN	J.	FA	RHA	- "	220 ADDRESS	EUN		WY_BAL	TM	0-21218.
BP	{	URIAL, CREMATION, R	EMOVAL	23b. DATE 8/4/				Pk.	Arbutus		UNTY	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		DINERAL DIRECTOR  Come March	F/H	Inc.	110 T DDR	E Nor		AUG 4	1983	25h REGISTRAR	S SIGNATU	helf

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

MENTAL HYGIENES 2 0 / C

1	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. I	NO.	
I	1. DECEASED NAME ANTHO	MIDDLE Cr	BR	ANNON	20. DATE OF DEATH	MONTH DAY YES	3 2b. HOUR I
Ì	3. SEX Male	4 RACE White	S. DATE	OF BIRTH 30, 1909 YEAR	6. AGE (IN YEARS LAST B		YEAR IF UNDER 24 HRS
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76. CITIZEN OF WHAT USA	COUNTRY? 8. MARRII WIDOW	ED EXNEVER MARRIED	9 BALTIMORE CITY Baltimore	or county of deat e (ity	TH MD.
	Baltimore	Hercy	ospital, Bo		12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFET INDUS	ND OF BUSINESS OR
1	USUAL RESIDENCE (# NURSING HOME OF 130 STATE 136 COUR Manyland	VTY 13c. S	ITY OR TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	tery Ave.Ba	lto.Md.21230
1	14. FATHER'S NAME  FIRST  Michael  16g WAS DECEASED EVER IN U.S. AR		LAST  CANNON  DCIAL SECURITY NO.	15 MOTHER'S MAIDEN NA FIRST  The  17 INFORMANT	ME MIDDLE	Ha	unvey
	(YES, NOOR UNKNOWN) (IF YES, GO	E WAR OR DATES)	6-01-0616	Mrs. Margaret	A.Brannan		PROXIMATE INTERVAL MEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A  (c)  CONDITIONS CONTRIB	of PR	USTATE,	CHF	1.13	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		FOR WHICH OPERATIO		20a AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CAU	USES OF DEATH?
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. A P.M.  21e PLACE OF INJ	ONTH DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)		
	22a I certify that (I) (his hasp sow the deceased line or about the service of th	DOA	19	nd that in (matter) opinion DEGREE	death accurred on the		, that (I) (we) ast in the causes stated
-	224 PHYSICIAN'S NAME TYPE	D - FUI	)	ATTENDING PHYSICIAN [	MEDICAL ST.	AFF ICIAN 8	3-15-83
-	230. BURIAL, CREMATION, REMOVAL	(Singres)	82 231 NAME OF	CEMETERY OR CREMATORY	123d LOCATION	rtal #OUNTY	AA ( STATE )
	24 FUNERAL DIRECTOR Mc ully Funeral 1	Aug. 18, 19 Home, 130 E.	242	ven Mem. Park 30 alto. Md. AUG	E REC'D. BY REGISTRA	nie, A.A. (0.	Maryland Court

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician aint constant be detached for use as the burial-transit permit. Then please remaye carbon papers. Page with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

and completely filled in by the funeral al

## FOR - STATE REGIS 1. DECEASED (TYPE OR PRINT)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRA	K		CERTIFICATE.	01 DEATH		REG. NO			
1. DECEASED NA		WIDDLE	LAST		20. DATE	OF DEATH	HTMON	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	ROBERT	LERDY	BRENNAN		MMKX	AUGUST	10,1	L983	10:45P <sub>M</sub>
3 SEX		4. RACE	5. DATE OF BIRTH	IAY YEAR	6 AGE (II	YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
M	Zinis .	W	SEPT 6	1926	15	6	YRS.	5,13	MIN.
7a. BIRTHPLACE	( STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.		9 BALTIM	ORE CITY OF	COUNTY	OFDEATH	
PENNS	LYANIA	USA	MARRIED NE	DIVORCED	BA	LTO	. C	ITY	MD.
10 CITY OR TOW	N OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		RINSTITUTION		L OCCUPATION FOR MOST OF			OF BUSINESS OR
BALTI	MORE	Church h	OME +HO	SPITAL	WAK	EHOU	ISF	TOGGA	MY IMP
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16a WAS DECEA		MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFO	PRMANT	///	ADDRES	is ·	VIEI	
YES	(IF YES, GI	WIL 206.1	25236 MA	RY BRE	NNA	y 320	55,	CHST	LE ST
18. CAUSE	OF DEATH (Enter an	ly ane cause per line far (a), (l	b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
PARI I.	DEATH WAS CAUSE	E CAUSE (0) ACUTE	MYOCARDIAL	INFARCTIO	ON				
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Canditian	s, if any, which		ITE PULMONARY	FDFMA					¢
	ta immediate  i), stating the	DUE TO, OR AS A CONS							
underlyin	cause last.	(6)							
PART 2. O	HER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEA	SE OR COND	ITION GIV	EN IN PART LO	a
No.									
19a DATE C	F OPERATION	196. CONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a AU	TOPSY?		, WERE FINDIN	
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OR CONTROLS	UTING CAUSE OF DEA		DAY YEAR						
	OCCURRED	21e. PLACE OF INJURY		CATION				- 1	
WHILE AT WORK	NOT WHILE	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC )	STREET		CITY OF TOV	/N	COUNTY	STATE
		attended the deceased f	AUG. 10	10 83	t n	AUGUST	10	10 83	that ( (we) lost
saw t	ne deceased alive an	AUGUST 10	19_83, and that in	(my (our) opinion	death accur	red an the da	te and hav		
/obave		t) view the bady after seath.	DEGREE					1	SIGNED
411	111106	Vintel.	DEGREE	ATTENDING _	MEDICA			8/11	0/22
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In Philips	THE STREET	2	22e. AD	CHURC				DRATION	
WA	LKER IMPAG	GLIATELLI, M.C				BALTI	MORE	, MD 2	1231
230. BURIAL, CRE	MATION, REMOVAL	Th DATE	231 NAME OF CEMETERY	OR CREMATORY		CATION		COUNTY	STATE
BUR	IHL	0-15-83	OAKLAWA	CEM	1	ALTO	-		MO
24 FUNERAL DIR	ECTOR	ADD	H015	25a. DAT	E REC'D. BY	REGISTRAR	GIST	RAR'S SIGN	URE
Joh Nr.	M. WES	ERX VOW 4	CHESTER	57, AL	1615	1903	jour	mon w	meny

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the build-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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## OR ATTENDING PHYSICIAN: The law etoined by the haspital or attending physicio

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTALBUYCHING

1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  AS HINGTON D.C.  TITY OR TOWN OF DEATH  AL RESIDENCE (IF NURSING HOME O STATE 13b COUNTRY)  AL RESIDENCE (IF NURSING HOME O STATE 13b COUNTRY)  WAS DECEASED EVER IN U.S. AF (YES, NO BE UNKNOWN) (IF YES, GIVEN YES,	CERTIFICATE OF DEATH REG. NO.									
TYP	PE OR PRINT)	M	NIDDLE	B	AST PROPERTY.	2	0 DATE OF DE		26	YEAR 83	3:40 a M
3. SE	Ma /	4. RACE	le	5. DATE O	OF BIRTH	YEAR	AGE (IN YEARS		MONTH	DER I YEAR	IF UNDER 24 HRS
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1)	Arthur	MIDDLE	10		Grace			ADDRESS	Sa	refi	eld
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ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO	AS A CONSE	EQUENCE OF EQUENCE OF TO DEATH BUT	e Cercit		AL DISEASE OF				NGS USED
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			A	9 <u>\$3</u> , on	ATTEN	NDING _	MEDICAL	STAFF	-		
	Rmald Sa	kamor	10		Mercy H	osp. 3	30154.1	Pan / 1/4	Dalf	دا بسی د	21202
	BURIAL					ATORY	WOODS	NWC	BALTO		MD.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  132. CITY OR TOWN  133. CITY OR TOWN  134. IN 135. CITY OR TOWN  135. IN 136. CITY OR TOWN  136. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  146. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  157. INF  158. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  159. PART 1. DEATH WAS CAUSED BY:  160. WAS CAUSED BY:  170. CONDITIONS (b), and (c)  170. PART 1. DEATH WAS CAUSED BY:  170. CONDITIONS (c)  170. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  170. ACCIDENT WAS UNDERLYING (c)  170. ACCIDENT WAS UNDERLYING (c)  171. THE EITHER NOTIFY MEDICAL EXAMINER)  172. IN 180. WHILE (c)  173. IN 180. TWELL (c)  174. HOWR A.M. MONTH DAY YEAR  175. FOR WHILE (c)  176. ACCIDENT WAS UNDERLYING (c)  177. INF  178. CONTRIBUTING (c)  179. DATE OF OPERATION  179. CONTRIBUTING (c)  170. ACCIDENT WAS UNDERLYING (c)  170. ACCIDENT WAS UNDERLYING (c)  171. HOWR A.M. MONTH DAY YEAR  172. IN 180. CONTRIBUTING (c)  173. INF  174. ACCIDENT WAS UNDERLYING (c)  175. STOPLY WE (c)  176. ACCIDENT WAS UNDERLYING (c)  177. HOWR A.M. MONTH DAY YEAR  179. ACCIDENT WAS UNDERLYING (c)  170. ACCIDENT WAS UNDERLYING (c)  171. HOWR A.M. MONTH DAY YEAR  171. HOWR A.M. MONTH DAY YEAR  172. HOWR A.M. MONTH DAY YEAR  173. INF  174. HOWR A.M. MONTH DAY YEAR  175. STOPLY WE (c)  176. CONTRIBUTING (c)  177. HOWR A.M. MONTH DAY YEAR  179. ACCIDENT WAS UNDERLYING (c)  170. ACCIDENT WAS UNDERLYING (c)  171. HOWR A.M. MONTH DAY YEAR  171. HOWR A.M. MONTH DAY YEAR  172. HOWR A.M. MONTH DAY YEAR  173. HOWR A.M. MONTH DAY YEAR  174. HOWR A.M. MONTH DAY YEAR  175. STOPLY WE (c)  176. CONTRIBUTION (c)  177. HOWR A.M. MONTH DAY YEAR  179. ACCIDENT WAS UNDERLY		21212	250. DATE R	3 1 198	3 JOE	GISTRAR'S	SIGNATI L Car	ure			

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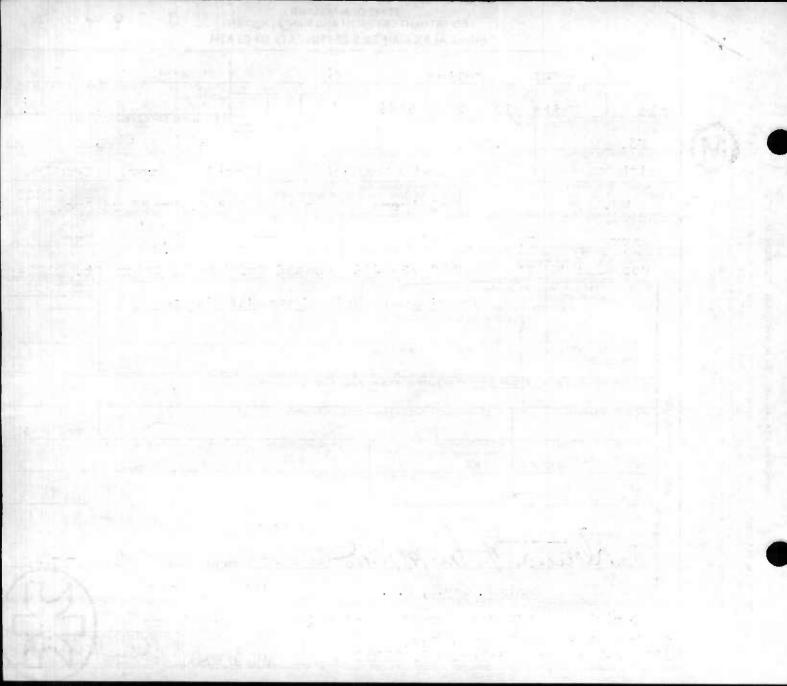
TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

IMPORTANT: If them 21 is marked ar them 18 shows ony

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	AEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA THE THE CERTIFICATE MENTIFICATE WARDEN "BEALDING" IN DEATH: IN 176M 19, CHAIR DACES 1, 3, AND 3 TO THE SHINEDAI	LIFE CENTRICALS, WASHINGTON WOOD TELEGRAP IN TRANSCUS OFFENDED STATEMENT OF THE CONTROL OF THE CHIEF WOOD THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARTY OF THE CHIEF P	UNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD, BE LIED STATE OF	R DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIVAL RECORDS, POI WE THE	44.
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	1-	FOR STATE			AARYLAND I AND MENTAL HYG CERTIFICATE OF D	SEATH	6 8
W .: « S		REGISTRAR CEASED NAME FIRST SE OR PRINT) Jame	MIDDLE		Ast Bright	2a. DATE KNOWN X OF ESTI- DEATH MATED	
OIRECTOR.  JUR FILES.  NUR FILES.  NUSTREET,	3, SE)		5. DATE OF BIRTH NONTH DAY YEAR LAST	E (IN YEARS IF UN BIRTHDAY) MONTH	DER 1 YR. IF UNDER 24 H	IRS. 2c. DATE	MONTH DAY YEAR 24 HOUR 8 5 1983 8:57
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SE POTATE SE POT	E	ity or town of death Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Johns Hopkins	s Hospit		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)  Sachine Ope	OR INDUSTRY
AND 3 AND 3 SHOULD	13a. S	Md. 13h COUN	or other institution, give residence before ITY 13c. CITY OR TO Baltin	WN	T	908 N. Mont	ford Ave.
AGES 1, 2 RM PM 3 1 AND 2 3		ATHER'S NAME FIRST  Harry VAS DECEASED EVER IN U.S. AR	MIDDLE LAST  T. Brigh  MED FORCES?   166, SOCIAL SE	CURITY NO.	15. MOTHER'S MAIDEN N FIRST  Mary  17. INFORMANT	MIDDLE  L.  ADDRESS	Tyc
IRS AFTER I. GIVE PA WITH FOI PAGES DIVISION	{YI	ES, NO, OR UNKNOWN) (IF YES, GIVE WW	VAR OR DATES)  II  219-22  Ily one cause per line for (a), (b), and (	-6438	The same training and the	ight-618 Um	APPROXIMATE INTERVAL
THIN 24 HOUR IS ER IN ITEM 18 ER ALONG IS IN INSTERMINATION OF THE AND IN INSTRUCTION OF T			D BY: TE CAUSE (a) Arteriosc  DUE TO, OR AS A CONSEQUE	lerotic	Cardiovascul	ar Disease	BETWEEN ONSET AND DEATH
ECUTED WI S." IN PENC AL EXAMIN URIAL - TR. (ND MENT) (TION, OR		couse (o) stating the <u>under</u> lying couse last.					
ULD BE EX PENDING F. MEDICA ED AS A B HEALTH A AL, CREMA	TION	19g DATE OF OPERATION	20 AUTOPSY?				
55±37	CERTIFICATION	71a EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH			NTER NATURE OF INJURY IN ITEM 18 PA	YES \ NOXX
AG THE WOR TO THE CO TO THE CO SHOULD BE PARTMENT ROR TO BUS	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY	YEAR	CATION	NIER VALORE OF TOUR PATIENT 1877	ONLI ON FORD 21
WRITIN WARDED WARDED PAGE 3 (	ME	14/11/15	STREET, FACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
EXAMINER: CERTIFICATE JULD BE FOR DIRECTOR: 4, WITH THE S MARYLAND,			ge af the remains described above, hel	Suicide	, Homicide U U	. Inquiry ., and	DATE 8-6-83
DEATH NORE,	/	EXAMINER'S NAME (TYPE OR PRINT)	ennis F. Smyth, M	.D.	A STATE OF THE PARTY OF THE PAR	MEDICAL EXAMINER Penn Street	DATE SIGNED 8-6-83
EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	23a.B	URIAL, CREMATION, REMOVAL BURIAL		ens of	R CREMATORY 23	Baltimore	COUNTY STATE Md.
DHMH - 17	256	THEMUNER Fune	ral Home, Inc.		25a. DATE REC'I	D. BY REGISTRAR 25h REGIS	STRAR'S SIGNATURE



# ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR Attached for our or with the Stote Dept of Health IMPORTANT: II III ZT L-

retained by the TO HOSPITAL

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND

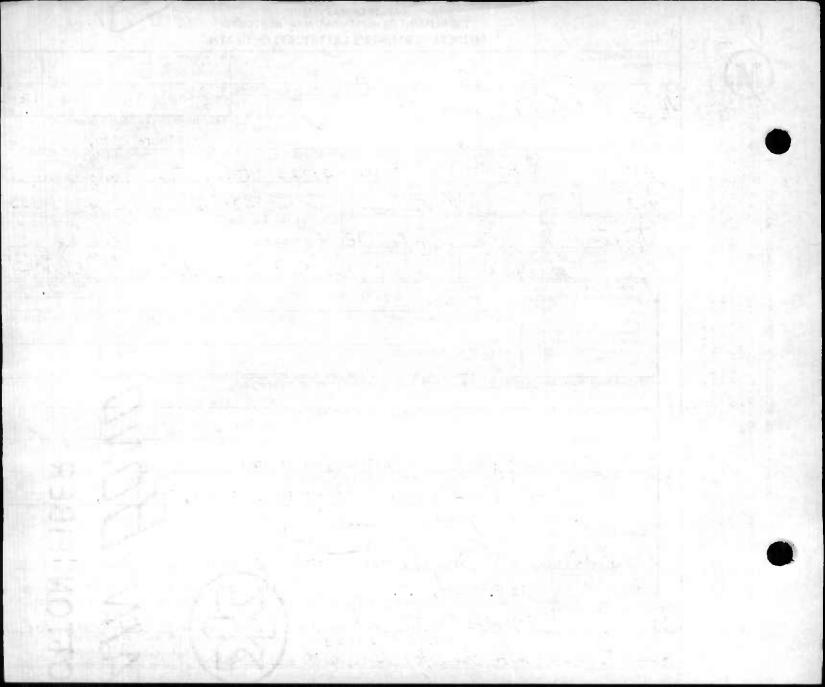
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2	U	6	0	•

	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL BYGIENZ  CERTIFICATE OF DEATH  REG. NO.							
ì		CEASED NAME OR PRINT)	FIRST		WIDDIE	l	AST	2a DATE OF DEAT		DAY YEAR	26. HOUR
				othy	M		Broadbent	Augus		1983	12:26P
	3. SEX	(		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY	
		Female		Caucas	sian		2, 1915	68	YR		, mooks mile
2	10 816	RTHPLACE (STATE OR I	FOREIGN	b. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	NTY OF DEATH	THE WATER
6		Maryland	49.7	US	A	WIDOWE			imore	City	MD
1	W CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	126. KIND	OF BUSINESS OR
7		altimore		The J	ohns Ho	pkins	Hospital	Cafeter	ia Wor	ker Bd	of Ed.
1	130. S Ma	AL RESIDENCE IF NURS TATE LTYLAND	Frede	TY	13t. CITY OR TON	WN	13d. INSIDE CITY LIMITS?	313 East			21788
1	14. FA	John		ANDDLE 3.	Wisne	er	15. MOTHER'S MAIDEN N	AME	)ŁE		gle
2	Ilia V	VAS DECEASED EVER	IN U.S. AR	AED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	A	DDR4919	D Urban	a Pike
4	(Y	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	214-28-2	2455	James A. Bro			lerick, 1	Maryland
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per	line for (a), (b)	nd (c).)	7			BETWEE	NONSET AND DEATH
		1 AM I DEATH I		E CAUSE (a)	TYPO	holov	1				min
Я	-	4860		DUE TO, O	I AS A CONSEQU	ENCE OF				1	Livery
	-	Conditions, if any,	, which	( 16)_	Depsy	2				1	week
	8	gave rise to imr cause (a), statin underlying couse	ng the	DUE TO, O	RAS CONSEQU					6	weeks
	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN PART	J(a)
	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	IN CE	YES, WERE FINE RTIFYING CAUSI YES	
D	E E	210. ACCIDENT WAS UNI	DERLYING	216. TIME C			21c. HOW INJURY OCCU	RRED (ENTER NATURE O	FINJURY IN ITEM	18 PART TOR PART 2	1
g,		OR CONTRIBUTING		in i	.M. MONTH (	DAY YEAR					
g,	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION				
鶙	A.	WHILE NOT WE	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM ETC	STREET	CITA	OR TOWN	COUNTY	STATE
8		220   certify that (I)		all attended th	ne deceased from	8/5	183	to 8/	22/83	10	, that (I) we) last
3		sow the deceas		1015			nd that in (my) (our) opinion	n death occurred an t	he date and	haur and fram th	
		22b. SIGNATURE	did) (did not	view the body	offer death.		DEGREE				TE SIGNED
		Ste	ven	U V	tellu	ho	MU PHYSICIAN	MEDICAL DIRECTOR PH	STAFF		
1		22d PHYSICIAN'S N	AME ITYPE OF	POUNT)	1		22e ADDRESS				1
57		Stewe	D	1 5c	hulm	(w)	COIN	groule	very	1 Ba	11/2/2003
3	23a. B	BURIAL, CREMATION,	REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	VN	COUNTY	STATE
	12	Burial	-	8/25/8	33 <sub>2</sub> B)	Lue Ric	dge Cemetery	Thurmon	t, Fre	derick.	Maryland
	24	DIRAFDILLE GLOR	11/2	1.0	615 Eas	st Mai		ATE REC'D. BY REGIST	TRANS A REC	SISTRANS SHEE	Will h
	Ro	hert F	11500	XYT.	6 A Than	~ ~ ~ · ·	Md 27798AL	JG 3 0 1983	a		

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	IS NECESSAR E FUNERAL D E 5 FOR YO ED, WITHIN 7 I W. PRESTO
21201	ANY DELAY AND 3 TO TH BETAIN PAGE COUD BE FIL FICCOUS. 20
MORE, MD.	ER DEATH IF PAGES 1. 2. ORM PM 3. S (AND 2.5) NO OF VITAL
N ST., BALTI	4 HOURS AFT EM 18. GIVE DNG WITH P ERMIT. PAGE IENE, DIVISIO AL.
I W. PRESTO	ED WITHIN 2- APENCIL IN II CAMINER ALC IL - TRANSIT P MENTAL HYG V, OR REMOV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTREDEATH. IF ANY DELAY IS NECESSARY, INFECTOR: WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1.2. AND 3 TO THE FUNERAL DIRECTOR: PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM M.S. BITAIN PAGE 5 FOR YOUR BESTON FOR THE STATEN PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES AND 2 SHOULD BE FILED, WITHIN 72 HOUR BATTEN DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYORIENE, DIVISION OF WITH FOOD SO, 201 W. PRESTON-3" RELIAMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
ON OF VITAL	THE WORD " THE WORD " O THE CHIEF OULD BE USE RIMENT OF I
DIVISIO	R: THIS CERTING TE, WRITING TREADED T R: PAGE 3 SH E STATE DEPA D, 21201 PRIC
D	AL EXAMINE HE CERTIFICA HOULD BE FG AL DIRECTO TH, WITH THE E, MARYLANI
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER AFTER DEA BALTIMORI

1	N		FOR		TATE OF MARYLAND OF HEALTH AND MENTALINY	GIENE 2 0	770
- 1	1	1-	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE OF	DEATH REG. NO	0.
1	1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X	MONTH DAY YEAR 26. HOUR
(1	Make	(14)	Jarre	tt C.	Broughton	OF ESTI-	8 6 19 83 M
1	No.	3. SE)	RACE	5. DATE OF BIRTH 6. AGE (	IN YEARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 2d HOUR
	SA SER	R	ale white	9-6-1944 38	YRS. MONTHS DAYS HOURS	DEAD	8 6 19 83 p. M
	S NECE.		PHPLACE (STATEOR	76. CITIZEN OF WHAT DOUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
	S S S S S S S S S S S S S S S S S S S		luginia	U.S.A.	WIDOWED DIVORCED		
	PAGE S	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	(22	20 USUAL OCCUPATION (TYPE	FOF WORK 126, KIND OF BUSINESS
	30 m m/s 1	ALC: UNKNOWN	altimore	401 Millington A	venue -2/223	Corporter	ty-Confloyed
1201	ANY DE	lle S		DIES HEXILIEN ON RESOURCE REOR AD	NO D	STREE RADDRESS	J. A. 3/223
D. 2	- X 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	IA F	THEY'S NAME	Cherch	15. MOTHER'S MAIDEN	NAME ONCE ON	Then April 210-5
RE, M	EA PER	1	metor &.	Braught.	a Se Dorath	MEDII Eq	Leech
IMO	N O O O O	Ide; V	AS DECEASED EVER IN US ARM	ED FORCES? 166 SECIAL SECI	BITY NO. W INFORMANT	Sugar ADDRESS	Davinag 1.6: 626
ALT	G G PAGE WITH F PAGE DIVISION		yer &	1962	Lector S. L	naughton S	01 S Marit It
T.	38		CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (a), (b), and (r).		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SNO	N 24 HO N ITEM 1 ALONG IT PERM YGIENE YOVAL.		G/ - MMEDIATE	CAUSE (a) SHOTGUT WOL	ALCOHOL STATE OF THE STATE OF T		
PRESTON			Canditions, if any, which	DUE TO, OR AS A CONSEQUEN	CE OF		3,750.0
	WITHIN S NCIL IN SINER AI RANSIT JTAL HY(		gave rise to immediate	) (b)			
201 W	- iii > - 2()		cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUEN	CE OF		
5, 2	ECUTATION OF THE ENGINEERS OF THE ENGINE		DART 2 DIVER CICMICICANT CONDITIONS C	ANTOIRIUTING TO DEATH BUT NOT BELLITED TO THE	TERMINAL DISEASE DR CONDITION GIVEN IN PART		
RECORD	ULID BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- FHEALTH AND ME AL, CREMATION, (	NO	TAKE 2 OTHER SIGNIFICANT CONDITIONS C	NATERIOR OF DESIGNATION OF RECYCLES IN THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART	( (a).	
LRE	RD "PEI RD "PEI HIEF M USED A OF HEA OF HEA	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
/ITA	お客当りの気	I I					YES X NO
OF	RTIFICATE SI NG THE WO D TO THE C SHOULD BE PRARTMENT RIOR TO BU	CER	210. EXTERNAL CAUSE WAS	HOUR XXX MONTH DAY	PAR 216 HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART † OR PART 2)
NO	SAN DE LA CONTRACTION DE LA CO	Z Z	CONTRIBUTING CAUSE OF D	EATH 12:20.M. 8 6 19	83 subject was sh	ot	and the di
DIVISION	CERTIFO ITING DED TO DEPAI DEPAI I PRIC	AEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	E. 21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
□	RETHIS CER RWARDED PAGE 3 S STATE DEP 2, 21201 PR	1	WHILE AT WORK AT WORK	carry-out shop	401 Millingto		timore, Maryland
	FORV FORV OR: P THE SI		22a. I certify that I took charge	of the remains described above, held o	an Autopsy X, Inspection	, Inquiry , an	nd in my apınian
	20 21-8		death resulted from: Nature	Couses Andent .	Suicide , Hamicide	Undetermined manner .	
	EXA CERT CERT DIED WIT WAR		Acres Alone	MA. W.	TITLE (SPECIFY)		0.70
	A A H. A A H.		SIGNATURE CHECK	we Kinyon	M.D. Assistant	MEDICAL EXAMINER	SIGNED 8-7-83
	TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNEATH URECT AFTER DEATH, WITH BALTIMORE, MARYLU		EXAMINER'S NAME Den	nis F. Smyth, M.D.	ADDRESS	Penn Street	
	5X45A8	2300	JRIAL, CREMATION, REMOVAL 23	DATE 330 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION OTY OR IOWN	COUNTY
	BP	00	meters o	-9-1983 Neclou	wo new. Jel. E	etorovella,	BALTO, Go. Mel.
10	DHMH - 17	24-4	NAME PIRECTOR	ADDRESS) Scotte. Med	2 12 2 3 250. DATE RE	C'D. BY REGISTRAR 12 B REGI	STRAR'S SIGNATURE
*	(VR A15 ME (5)) 20M 4/82	X	Sinf Orwar "	Son one, 401	Hollins IT AUG.	1 0 1903	On rammy
	2011. 47 02	0	1				



## within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the haspital ar offending physicion.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	ICAIL OI	PLATII	REG. N	10.		
(TYP	CEASED NAME FIRST	EDA GALE	. /.	BROU	VW	20. DATE OF DEATH	MONTH DAY		26 HOUR
3. SE	X	RACE	5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS
-	1-6	Black	8	10	2"	61	YRS.		7,111
6	SUNTRY)	CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D MEVER	MARRIED -	9 BALTIMORE CITY			بير
11			WIDOW		VORCED [		imer		N
13	BUTIMONY	1. NAME OF HOSPITAL, NURS	ET ADDRESS)		TITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	126. KIND O	SAME
13a.	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFOR	WN	13d. INSIDE C	ITY LIMITS?	130 STREET ADDRESS	Land	·VA4	8 SF
1	ATHER'S NAME  ARFMUR  C	POLE LAST			S MAIDEN NA	Goanil	s H 2	12 1 IAS	7
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMA	ANT	ADDR	ESS		
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		6250	cony.	HARDY			
	18 CAUSE OF DEATH (Enter only	one couse per line for 10 , (b./a	nd (ct.)					APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY.	DE	RTEN	ISTUE	Disko	56	OLIVIELIA C	SHOEL AND DEATH
	4010		STATE OF						
3.5	Conditions, if ony, which	DUE TO, OR AS A CONSEO		EKIOS	LEROS	es s			
	gove rise to immediate	) (b)							
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOL	JENCE OF	96,00	o milion	L' FALLA	01		
	DART 2 OTHER SIGNIFICANT CO	(c)	DEATHBUT						
Z	PART 2. OTHER SIGNIFICANT CO	DIADITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATEL	TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN	IN PART 110	3
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20g AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS LISED
일					NATE O	1000	IN CERTIFYIN	G CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121. HOW/IN	LILIDY OCCUPA	YES NO	YES [		NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	ORPART 2)	
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM FIC I	21f LOCATIO		CITY OR TO	OWN	COUNTY	STATE
2	MHILE NOT WHILE AT WORK	TALLOWE, STREET, THE TORY, OFFICE	FARM EIC)						JIAIL
	22a. I certify that (I) (this haspita	il) ottended the deceased from	101	27	1983		198	83	that (I) (we) la:
	sow the deceased alive an above, (I) (we) (did) (did not)	19/63-19		nd that in (my)	(our) opinion o	leath occurred on the	late and hour ar		
	17h SIGNATURE	view the body offer deoffi.		DEGREE				22c DATE S	SIGNED
	111	melle	un	m	TTENDING	MEDICAL STA	FF	81	100
1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRES	S -	DIRECTOR   PHYSIC	CIAN	2/1	100
	G.L.	BLANFIKE	1 494	7	ir h.	peln			
230	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR	REMATORY	23d LOCATION			
	SURIAL	5/15/83 1	ハカコレ	inun a	Jom P	SHUT	injunt	Melle	1/1 2 -
24 FI	UNERAL DIRECTOR	1.001000	- 1		25a DATE	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATI	URE
14	and all Pla	- 63 20 Hess	71/2	on v	AUL	1 2 1983	John.	& Cas	wild

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Paged with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the

Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of the Consumer of th Market and the second of the s Lerand Land Land Mary and the first of forces of AHBI 2 BBS young

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH 2h HOUR 20-83 BROWN IF UNDER 1 YEAR IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH DAYS HOURS MONTH DAY YEAR NEGRO 105 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE DIVORCED [ WIDOWED 12h. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DomEstic HomE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21215 13e. STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3014 Manhattan Avenue BALTIMORE IS MOTHER'S MAIDEN NAME LAST MIDDLE Henderson Grace Josephine ADDRESS 17. INFORMANT 16h. SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 216-01-7972 Geneva Watts 529 E. 20th Street APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) DUE TO OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211. LOCATION CITY OR TOWN COUNTY STATE

Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this hospital) attended the decrared from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated age the deceased plive on 22c. DATE SIGNED

·NAIR, NID 23b. DATE 23s. BURIAL CREMATION, REMOVAL (SPECIFY) 8/26/83

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

DEGREE

22e ADDRESS

ATTENDING

23d LOCATION

Baltimore

MEDICAL

PHYSICIAN FI DIRECTOR PHYSICIAN

STAFF

JORK Road, RAL MO21212

STATE Md.

BURIAL 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77

CERTIFICATION

MEDICAL

17h SIGNATURE

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buriof-tronsit

the land

be de e Stat MPORTANT

should be with the

BP

(VR A 15 (4))

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FOR - STATE

3. SEX

COUNTRY

REGISTRAR

To BIRTHPLACE (STATE OF FOREIGN

MARYLAND

10 CITY OR TOWN OF DEATH

BALTIMORE

FIRST

Adam

(YES, NO OR UNKNOWN)

MO

A FATHER'S NAME

DECEASED NAME TYPE OR PRINT

FIRST

ANNIE

13b. COUNTY

PART I. DEATH WAS CAUSED BY

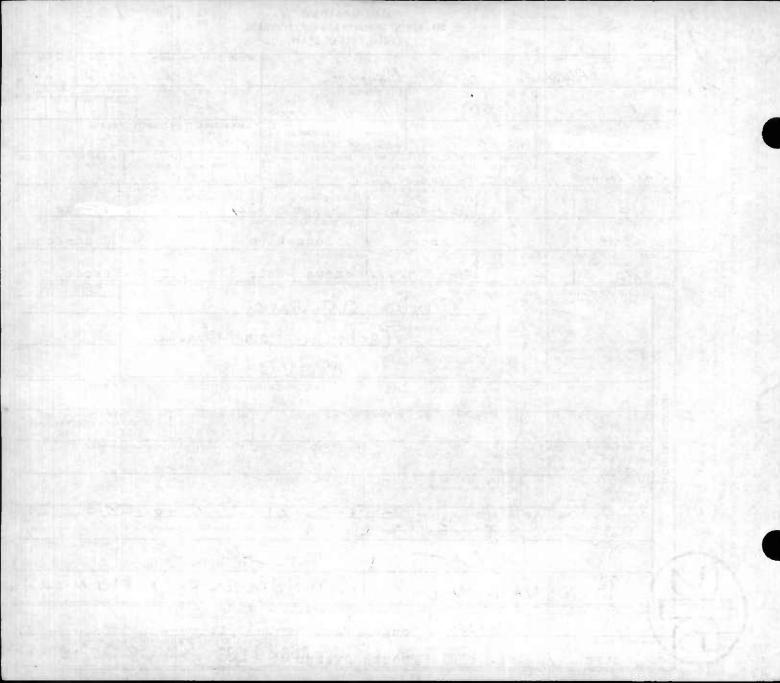
MIDDLE

IMMEDIATE CAUSE (O

4 RACE

C March F/H Inc. 1101 E North Avenue 62

250. DATE REC'D. BY REGISTAR 256. REGISTRAR'S SIGNATURE



## nating physician and completely tilled in by the funeral director carbon papers. Pages 1 and 2 should be filed within 72 hours of TO FUNERAL DIRECTOR: After this certificore has been ugned by the attending physician should be detached for use as the busiol-transit permit. Then please remove calbon popers, with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: INretained by the haspital or attending physicia

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HEALTH

173 2 0

1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HY ICATE OF DEATH		Z U	//	J			
	CEASED NAME CHARI	ES EDV	WARD BE	ROWN	LAST	2: DATE OF DE	NONTH ONTH	29-83 YEAR	21 Hous 4:33am			
3. SE)	ALE BLACK		5. DATE OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
M				MONTH 4 DAY 27 YEAR		56	YRS	MONTHS DAYS HOURS MIN.				
	RTHPLACE (STATE OR FOREIGN COUNTRY) RGINIA			8. MARRIE WIDOWI	D Never Married	9. BALTIMORE CITY OR COUNTY OF DEATH						
10. CI	TY OR TOWN OF DEATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING		OF BUSINESS O			
USUA	AL RESIDENCE (IF NURSING HOME COU			134 INSIDE CITY LIMITS7	13e STREET ADD 410 A	THOL	L 21229					
14. FA	CASSIUS	HDDG!	BROWN		MARY		CIOHE	HASKINS				
16a. V	VAS DECEASED EVER IN U.S. A	217-56-2953 LUCILLE BROWN 410 ATHOL						21229				
CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  198 DATE OF OPERATION	CONDITIONS C		DEATH BUT	NOT RELATED TO THE PRIMITIAL DISEASE OF CONDITIONS OF IN PART THE							
E	100				140	feet	0[]	YES NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH HOUR A	DE INJURY .M. MONTH D .M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM 1	18. PART 1 OR PART 2)				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATION STREET	CI	TY OR TOWN	£00HH	STATE			
	22e.1 certify that (I) (this haspital) attended the deceased from 19.53, to 19.83, that (I) (we) last sow the deceased alive an 19.53, and that in Jay) (our) opinion death occurred on the date and how and from the causes stated obey. (I) (we) (did) (did not view the body after death.  22e.1 certify that (I) (this haspital) attended the deceased from 19.53, to 19.53, to 19.53, that (I) (we) last some and from the causes stated obey. (I) (we) (did) (did not view the body after death.)  22e.1 certify that (I) (this haspital) attended the deceased from 19.53, to 19.53, to 19.53, that (I) (we) last some and from 19.53, that (I) (we) last some and (I) (we) la											
	27% DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC											
	Ann Kumuk	THITE.	PPAKE	-								
	BURIAL, CREMATION, REMOVA	9-2-			EMTERY OR CREMATORY	23d LOCATIO	OWN	COUNTY	STATE			
	UNERAL DIRECTOR	1-4-	00	LIVI CI		TE REC'D. BY REGI	VILLE ISTRAR 256 BEG		RGINIA TURE			

DHMH - 16 50M 4/82 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE EDWARD MILTON BROWN 3 SEX 4 RACE 5 DATE OF BIRTH MONTH Male Cau To. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Md. U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH VA MEDICAL CENTER BALTO MD BALTIMORE De o USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? P Balto. Md YES 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Walter Brown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 01 0203 215 Yes W.W. IT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY YPOTENSION IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which SEPSIS gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. METASTATIC BOONEY. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION 0

REG NO 2a. DATE OF DEATH 2b. HOUR 18 83 AUG AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 66 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY O'Brien Truck Driver 13e. STREET ADDRESS 21206 4943 Schaub Ave. NO [ MIDDLE Catherine Moreland Jane E. Brown 4943 Schaub Ave. 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 ms OPSTRUCTION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN , and that in (Ay) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 3900 Loch Raven Blvd. Bdlto. Md 21218 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Balto

FUNERAL

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(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 John C. Miller Inc. 6415 Belair Rd

(SPECIFY)

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ANT

ild be

Burial 8-22-83

Mark Camden Loury, MD

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23e. BURIAL, CREMATION, REMOVAL

NOT WHILE

22b. SIGNATURE

Parkwood Cem

DEGREE

77. ADDRESS

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

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22a.1 certify that (1) (this hospital) attended the deceased from August 18 19 83, one obove, (1) we) (did) (did not view the body attended the

236. DATE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAN 254. REGISTRAN'S SIGNATURE

- 1		REGISTRAR			CERTII	ICATE OF DE	AIR		REG. NO.			
1		CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF D			YEAR	2b. HOUR
1		FREDE	RICK	MICHAEL	BR	OWN			08	· 20	. 83	7 A
1	1 SEX	1.7	4. RACE		5. DATE	OF BIRTH	VEAD	6. AGE (IN YEA	RS LAST BIRTHDA	Y) IF (	UNDER 1 YEAR	IF UNDER 24 HE HOURS MI
A	2	Male	Whit	e	ı mon	2 07	16	66		YRS.		
4		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D L NEVER MA	DOIED	9. BALTIMOR	E CITY OR C	O YTMUC	DEATH	
Ø		ryland	U.S	S.A.	WIDOW		RCED	BALT	MORE	Ci'	N	,
7	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	the same of the sa	-	120. USUAL O				F BUSINESS
A	7.0	BALTIMONE	LUTH	ELAN H	OSPIT	AL		Maint:			Balto	. City
5	13a S	al residence (if nursing home of aryland 136, cou		Baltimore	N	13d. INSIDE CITY	LIMITS?	13e STREET AL	DDRESS Lomb	ard S	tre2t	21223
0	14 FA	THER'S NAME FIRST Fred	WIDDLE	Brown	n	15. MOTHER'S A		ME	WIDDLE		- tas	tincel
16		WAS DECEASED EVER IN U.S. ARMED FORCES?		16b. SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS			
ı	( )	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	217-05-2	2073	Mary B	rown	902 W.	Lomba	rd St	. 21	223
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per	line for (o), (b), one	d (c).)						APPROX	MATE INTERVAL
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	to immediate stating the couse lost.  DUE TO, C		OR AS A CONSEQUENCE OF CEPESTO VASCULAR A			RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
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2	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	200. AUTOP	SY? 201 NO -	CERTIFYIN	VERE FINDING CAUSES	GS USED OF DEATH? NO []
MEDICALCE		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJU	IRY OCCURR	RED (ENTERNATU	IRE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET			CITY OR TOWN		COUNTY	STATE
		22a.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	1 HUSUST	- 20 19 8	July 3,0	23 nd that in (my) (o	19 <u>83</u> ur) opinion o	, to	on the dote of	2019	33, and from the	that (I) (we) lo
		27b. SIGNATUIL	ana To				ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Rt.	8.	SIGNED
		Claudio	1	Ta MO		LUTHER	ear	165 pairs	24, 8,	PLTIN	rong /	MD 212
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 8/23/8			EMETERY OR CR Lawn Cen	EMATORY	23d. LOCAT				

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BP.

etoined by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove corban permit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event

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(VRA 15, 4)

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

		OR PRINT) Hav	orn	TO		Brown	7,,,,,,,,,	20	1000	-
	2 000		4. RACE	E.	5. DATE O	Brown	August		1983	7:
9	1. SEX				MONTH	DAY YEAR			MONTHS DAYS	
-	1	Male	White		9	27 1910		2 YRS		
21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY			
4	-	ryland	-	ISA	WIDOWE		Baltimo			
9	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS
-	B	altimore /				s Hospital	Construct			
23	13e. 5	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CO	DE S	112
20	100000	Md. Balt		Reisters		YES TO NO			h Avenu	e
-	11. FA	THER'S NAME	THE STREET			15. MOTHER'S MAIDEN NA			-	
31	7		MIDDLE	Brown		Ruth	MIDDLE		Bos	AST P D T
-	16a. W	Albert VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	URITY NO.	17 INFORMANT	ADDR	ESS	2003.	TON
1	()	ES. NO OR UNKNOWN) IF YES, GN	E WAR OR DATES)	100			r p ∞ T	20104	anatarn	MA
9		ves W		219-10-2		Mr. Donald	Drowil. I	retar		Md. XIMATE INTERVA NONSET AND DE
1		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:				,			NONSET AND DE
		1 2 9 IMMEDIA	re CAUSE (a)	cancle	pela	encues an	rest		nec	22-5
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2		Conditions, if any, which	(d)	Seps	525				he	cu.
		gave rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEQU						,
		gave rise to immediate	DUE TO, C	1		CTV			w	ceks
1.00		gave rise to immediate cause (a), stating the	( (c)_	Ling	JENCE OF		INAL DISEASE OR CON	NDITION C	GIVEN IN PART I	ceks
minute of contract	NOI	gave rise to immediate cause (a), stating the underlying cause last	( (c)_	Ling	JENCE OF		INAL DISEASE OR CON	NDITION (	GIVEN IN PART	ceks
	CATION	gave rise to immediate cause (a), stating the underlying cause last	(c)	CONTRIBUTINGO	DENCE OF CLUZ DEATH BUT		INAL DISEASE OR CON	20b. IF Y	YES, WERE FIND	INGS USED
	THICATION	gave rise to immediate cause (a), stating the underlying cause last	(c)CONDITIONS <u>C</u>	CONTRIBUTINGO	DENCE OF CLUZ DEATH BUT	NOT RELATED TO THE TERM		20h IF Y		INGS USED
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79	100	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF ETHER. NOT BY MEDICAL EXAMINE:  21d. INJURY OCCURRED  WHILE OT WHILE ALWORK NOT WHILE ALWORK AUGUST (In this hosp saw the deceased alive or obover all will died in the state of the cause o	In the conditions of the condi	ONTRIBUTING O  DITION FOR WHICH  OF INJURY  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE.  The deceased from  19	DENCE OF  CLIP  DEATH BUT  H OPERATION  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREE  And that in (My) (aur) opinion  DEGREE  ATTENDING PHYSICIAN [	280 AUTOPSY?  YES NOTED (ENTER NATURE OF INJURED)  CITY OR TO  death accoursed on the company of	20b IF Y IN CER	YES, WERE FIND THEYING CAUSE YES  18 PART I ORPART 2) COUNTY 19 22c. DAT	STAND (We causes state
79	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF ETHER. NOT BY MEDICAL EXAMINE:  21d. INJURY OCCURRED  WHILE OT WHILE ALWORK NOT WHILE ALWORK AUGUST (In this hosp saw the deceased alive or obover all will died in the state of the cause o	196 CONDITIONS CONDITI	ONTRIBUTING OD  DITION FOR WHICH  OF INJURY  A.M. MONTH D  P.M.  OF INJURY  TREET, FACTORY, OFFICE.  He deceased from  y offer death.	DENCE OF  CAN  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM. ETC)  SOLUTION  AND	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION SIREE  And that in (My) (aur) opinion  DEGREE  ATTENDING PHYSICIAN [	ZOR AUTOPSY?  YES NO NO NOTED (ENTER NATURE OF INJECTION	20b IF Y IN CER	COUNTY  22c. DAT	olings used es of Death' NO []
WOOLD THE ALL	WEDICAL WEDICAL	gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER, NOTHY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this hasp say the deceased alive or obout a first or	196 CONDITIONS CONDITI	ONTRIBUTING OF WHICH OF INJURY  A.M. MONTH D  OF INJURY TREET, FACTORY, OFFICE.  He deceased from 19  y after death.  23a	DENCE OF  CLIP  DEATH BUT  H OPERATION  DAY YEAR  19  FARM. ETC)  NAME OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216 LOCATION STREET  2 6 19 80  nd that in Frey (aur) opinion DEGREE  PHYSICIAN  226. ADDRESS  BOH WIN	200 AUTOPSY?  YES NO NET NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20b IF Y IN CER	YES, WERE FIND THEYING CAUSE YES  18 PART I ORPART 2) COUNTY 19 22c. DAT	STA'  STA'

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PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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director, page 3 haurs after death

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6700	~	#	

REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
JOH	N'H.	BROWN			08 20	198	3 06:1/5
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male	Black	1 2		71	YRS.		THOUSE PART.
7a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	MARRIED   NE	VER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
S. Carolina	U.S.A.	WIDOWED	DIVORCED	BALTIMO	RE CIT	Y	MD.
10. CITY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER VE STREET ADDRESS) HOPKINS HO		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b, KIND O INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O			DE CITY I MAITE?	13e. STREET ADDRESS		212	16
Maryland 13b. COL		timore YES	DE CITY LIMITS?	2303 W.	Lanva	le St	reet
14. FATHER'S NAME FIRST Bill	_	ast own	HER'S MAIDEN NAMERS FIRST	WE		Brow	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCI	AL SECURITY NO. 17. INFO		ADDR	ESS		
(YES, NO OR UNKNOWN) (IF YES, G	OVE WAR OR DATES)	-09-5404 Ani	nie Johr	son 2303	W. La	nvale	Stree
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO		ATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	a.
19a DATE OF OPERATION  8 3 8 3  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION WAS PI	ERFORMED	20a AUTOPSY?	IN CERTIFY!		OF DEATH?
OR CONTRIBUTION CALLS OF D	EATH HOUR A.M. MON	ITH DAY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR		STREET	CITY OR T	OWN	COUNTY	STATE
WHILE NOT WHILE AT WORK						200	
220.1 certify that (I) (this has	57171	_19_57, and that in	(my) (our) opinion	, to S death accurred on the c	20, 19 date and hour o	and from the	causes stated
220.1 certify that (I) (this has	8/26	h. 19 S 7, and that in DEGREE	ATTENDING PHYSICIAN	, to	AFF 4		
220.1 certify that (I) (this has saw the deceased alive control of the control of	on SIZO	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN X	22c. DATE	SIGNED 8
226. I certify that (I) (this has saw the deceased affive about 1) we saw the deceased affive 1) we saw the deceased aff	not view the body offer deal	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN X	22c. DATE	SIGNED 8

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remave corbanpopers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Wm  $C^{AM}$ March F/H Inc.  $1101^{ADD}$ Es North Avenue

BY REGISTRAR 256 ATGISTRAR'S SIGNATURE

the figure of the state of the state of the second of th 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral unertain, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 3.2 havis ofter death with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examines must be notified at each
3	TO HOSPITAL OR ATTE	Should be detoched for with the Stote Dept of P	IMPORTANT: If Item 21

O FOR	,FilmG582 8/10/		STATE OF MARYLAND / NT OF HEALTH AND MENTAL AYGI	ENÉ 20/	7 8
STATE			CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME	FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
e e e e e e e e e e e e e e e e e e e	JOHN	Thomas	BROWN	8 8	83 1034 AM
3. SEX	4. RACE	5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR HUNDER 24 HRS
0. 2.5	ale	lack	06 20 18	65 YRS.	
		F WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
			VIDOWED DIVORCED	BALTIMOR	
E += %///	(IF NOT IN SI	SUCH FACILITY, GIVE STREET ADD		12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	
DA LTI	MORE UNIVER		IRYLAND HOSPITAL	Male Nurse	V.A.Hospital
E _ D Z/ _ I2a STATE	13b COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3001 BELMO	NT AVE,
MARYLA  14 FATHER'S NAME	ND Cash Michigan	BALTIMON	YES NO 15. MOTHER'S MAIDEN NAM		or Ave,
DOS JOS	EPI+ Samuel	BROWN		WIDDIE	DABNEY
	DEVER IN U.S. ARMED FORCES?			Llizabeth Bro	
Yes Yes	WW II	215-01-1	146 EDJ BUCHA	WAN BOLLOWING	MO 140=153151
18 CAUSE OF PART I. DE	F DEATH (Enter only one couse post ATH WAS CAUSED BY:	er line or (o), (b), and (	mary emboli		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
bong phone	IMMEDIATE CAUSE (0)	) went	org enve a	0 0 0	
moti		Draintes	CE OF Domination	Jambalatin	
gave rise	if any, which (b)_ to immediate		dialichie	Donoth Ihm	
	stating the couse last.	OR AS A CONSEQUEN	CE OF COOLAGOORGE	()	
PART 2 OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
To significant of the significan					
Visicons  Visicons  Core how required to the low requirement of the	OPERATION 196. CON	DITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH?
The Ite hours shows		OF BILLION	AL HOWALLINY OCCUPA	YES NO YES	
3 £ 15 E E E E E E E E E E E E E E E E E E	WAS UNDERLYING 216. TIME	OF INJURY A.M. MONTH DAY	YEAR TE HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
HHYSECIAL TOTAL STATE OF THE ST		P.M. E OF INJURY	21f. LOCATION		
	NOT WHILE	STREET, FACTORY, OFFICE, FARA		CITY OR TOWN	COUNTY STATE
Z = 5 5 5	AT WORK	the decease of the 4	1982 10	10 8 /8/83	9, that (I) (we) lost
	that (I) (this hospital) attended deceased alive an			death occupied on the done of the mount	and from the couses stated
ZZP SIGNATIO		by orier degin.	DEGREE	MILL (M 11)	22c. DATE SIGNED
AAL D	ruben M 2	000	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
PAN AN A	N'S NAME (TYPE OR PRINT)		22e ADDRESS	eseted and	ALDER O
TO HOSPITO TO HOSPITO	11SEN M	0/1/	, m seul	usuy 1 mg	Myures
(SPECIFY)			ME OF CEMETERY OR CREMATORY	23d. EOCATION CRYOR TOWN	COUNTY STATE
BPB	urial   8/12/		wnsville Vet. Cem.		sville, Md.
OHMH - 16 50M 4/B2 (VRA 15, 4) (VRA 15, 4) (VRA 15, 4)	and Sons Funer	Pkwy. I	Gwynn Falls 25a DATE Balto., Md. 2121	169 1983 Soc	ug Comil

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	pe		e d			
)	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires, that the death certificate be executed within 24 hours offer death. Page 4 may be	retained by the haspital or attending physician. Released on Approvised By Dr. Smith /Mr. Mr.	Joetol Sirector, pog-		of once.	Y
	n 24 hours ofter d	Canal C	Line Control Back		population and the	
	driw be	2	mpleter ond 2 s	6	- xamino	
	ificote be execute	mith/M	phytical tradition	novol.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other troumotic event, the medical exemines in the result	1
	the death cert	7 Dr. S	The affehding	emation, or ref	er froumotic ev	
	requires that	Wal Br	een statted by	ior to burial, cr	ny injury, ar oth	-
	ICIAN: The fow	Annro	ertificate has o	ntal Hygiene pr	em 18 shows or	
	ENDING PHYS	ol or offending	JR: Affer this &	Health ond Me	is morked or It	5
)	SPITAL OR ATTI	Release	VERAL DIRECTO	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 21	10159
	TO HOS	retained	TO FUN	with the	IMPORT	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Kenneth	Brown	August 1, 19	983 2:55R
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	7 3 73	YRS.	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76, CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Balto., Md.	USA	WIDOWED   DNORCED		ity MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore	The Johns H	opkins Hospital		
USUAL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO		13e. STREET ADDRESS	2121
Md.	Balto.	YES NO	2910 Garrison B	lvd.
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
Curtis	Brown	Romaine	Joh	nnson
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEG	CURITY NO. 17. INFORMANT	ADDRESS	
No		Curtis Brown	802 Whitelock St	1 21217
18. CAUSE OF DEATH (Enter	r only one couse per line for (a), (b),	and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	JSED BY: DIATE CAUSE (a) CARDIO	RESPIRATORY	ARREST	
10147 MMEL			riideo 31	
12 8/7/	DUE TO, OR AS A CONSEO			1 HOUR
Conditions, if ony, which gove rise to immediate	(b) EXSAN	GUINATION		THOUSE
couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		1
underlying couse lost	(c) LEFT	THIGH AMPUTA	MOM .	I HOUR
	IT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART TO
5			- /	
S 19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING				S NO
210. ACCIDENT WAS UNDERLYING	The state of the s	DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED	DEATH	19 HIT F	Ry Bus	
21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	ospital) attended the deceased from	August 1 19 83	to	19, that (I) (we) lost
sow the deceased alive	on August 19.	83 , and that in (my) (our) opinion	death occurred on the date and hou	
22b. SIGNATURE	not) view the bod datter death.	DEGREE		22c. DATE SIGNED
I Ma	To Cha.	MD ATTENDING PHYSICIAN I	MEDICAL STAFF	1 1/02
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	10/1/00
1		The Manager of the Control of the Co		
23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	PKITY OR TOWN Laure	COUMA. STATE
(SPECIFY) Burial	8/5/83 M	aryland National Me	Ladie	1, 1110.

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR LEROYAMO. DYETT 4600 LIBERTY HOTS. AVE.

		FOR - STATE REGISTRAR				TMENT OF F	ICATE OF E	MENTAL BYG	RI	2 0 EG. NO.	1	8 0	
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20. DATE OF DEA	TH MO	NTH DAY	YEAR	2b. HOUR
			LAWR		D.		ROWN		AUGUST		1983		1:30 P
	3. SE	Male		4. RACE Wh	i te	A mont		1914	6. AGE (IN YEARS)		YRS.	INDER 1 YEAR	IF UNDER 24 HRS.
3	B	RTHPLACE (STATE OR F	Md		what country $S$ . $A$ .	Y? 8. MARRIE WIDOWE	D NEVER A	WARRIED	9. BALTIMORE C		county of re Ci		MD
The state of the s	10 C	Baltimos			HOSPITAL, NURS				120. USUAL OCC	PATION	8""O""	IZE KIND O	r BoxMn
ed 21	13a. S	AL RESIDENCE (# NURS	136 COUN	OTHER INSTITUTION, TY	Baltin	DRE ADMISSIONI IWN NO <i>re</i>	136. INSIDE C	ITY LIMITS?	3500 E	ESS L	ombar	2122 d St	24.
30	14 FA	Charles	Æ	lenry	B rown		Gra		MIC	DIE		iley <sup>LAS</sup>	ıτ
medicol	16a V	VAS DECEASED EVER		MED FORCES?					Reinha			S. E	Ave Ellwood
njury, or other troumatic	NO	Canditions, if ony, gave rise to imm couse (a), stotin underlying couse	nediote g the last.	(b) DUE TO, O	R AS A CONSEQ R AS A CONSEQ ONTRIBUTING TO	UENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITI	ON GIVEN	IN PART 10	o
2	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	11	DE IF YES, WINCERTIFYIN	IG CAUSES	NGS USED OF DEATH?
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE (	OF INJURY IN	ITEM 18 PART 1	OR PART ?)	
orked on	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	II.E. C	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY OFFICE	E, FARM ETC )	21f. LOCATION STREET			ORTOWN		COUNTY	STATE
m 21 it mo	1	22a.l certify that (1)( says the decease abave, (1) (we)(c	this haspited olive on his did not	AUGUS	deceased fram	83, ,	nd that in (my)		, toAUG leath occurred an			d from the	causes stated
Sign Day		LUU UU	bol	lita	Bell.		A	-	MEDICAL DIRECTOR P			22c. p. 41	18/13
WPORT.		WALKER	TMPAG	LIATELL			100	NORTH B	RCH HOSP ROADWAY,	BAL			21231
		SURIAL, CREMATION,	al	8/22/	/83 A	It. O	ivet		ry-Fre	der			
A 4/B2	24. FI	UNERAL DIRECTOR	2 2	ohn DA. M	Morany Shores	000 6		AU	G 1 9 198	TRAR 254	RI GISTRAR	SIGNA	shield

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	ABNILLE .		
		No. of	
THE SECOND STREET, SAN ASSESSMENT OF STREET,			

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# FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST (TYPE OR PRINT) ROY	MOTTON	BROWN	20. DATE OF DEATH MONTH	3 83 1 PM
	3. SEX male	1. RACE Black	5. DATE OF BIRTH  MONTH DAY  JUNE 24, 192		IF UNDER I YEAR IF UNDER 4 HRS MONTHS DAYS HOURS MIN.
of once.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  VIRGINIA	76. CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED	X BAIT	NTY OF DEATH
notified	BAHADER	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) RETTRED	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY  CHAUFFEUR
Commost pe	USUAL RESIDENCE (IF NURSING HOME (136, STATE)	UNTY 13c. CITY OR TO			21217 70 WOODBROOK AVE
O Camin	14 FATHER'S NAME FIRST HENRY	MIDDLE LAST BROWN		N NAME MIDDLE  VICTORIA	BREATHWATTE
If Nem 21 is morked or Nem 18 shows any injury, or other troumotic event, the medical examinet must be notified above.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166. SOCIAL ŠE SIVE WAR OR DATES) 238 18		WN, JR. 2870 WOOI	21217 DBROOK AVENUE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Jury, or ather troumotic eve	Conditions, if ony, which gove rise to immediate couse to!, stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	GIVEN IN PART 110			
ows ony in	190 DATE OF OPERATION	196. CONDITION FOR WHICE	CHOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
r frem 18 sh	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDIC	EATH HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJURY IN ITEM	
orkedo	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive a	pital) attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDI	onion death occurred on the date and l	22c. DATE SIGNED
MPORTANT	22d PHYSICIAN'S NAME TO	J. Duckert		1 AVEN UA HOS	ital 3"om
7	23a. BURIAL, CREMATION, REMOVA (SPECIFY)  BURTAL		ROWNSVILLE VET.	CITY OR TOWN	(AA Co.) M.

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

IMPORTANT: If Item 21 is

24. FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The

retained by the hospital ar

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S TON CUSE
AUG 2 5 1985

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	i)	U 25 12 10 10 10 10 10 10 10 10 10 10 10 10 10		
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ate of his	10.22		A service and a service of	V. WH 24
212.7	15	X		0.44
723	EPYNES		• 1 = 6	THIRD
	Jr. 29/11 HK	, HIOME YOU	1 233 15 7 53	i Wr. Gall
			Mark 2 mark	
		1-4673 -90		
			and the	21/2/2
				4
			Marie Co	
	Hart de la			

SUCH B/20/85 CARDALLE WILL COME CHANNEL (A Do.) TO.

and completely filled in by the funeral oges 1 and 2 should be filed within 72 l

executed within 24 hours ofter

es that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

# STATE OF MARYLAND

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1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	DENE O REG. N	0.	, 0	£-	
	CEASED NAME FIRST		MIDDLE	I.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
(1.17)	WILLIA	М	ISAAC	B	ROWN		8	21 83	9:27Am	
3. SE		4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
	Male	Blac	k	01		7'	YRS.	January Sang	, and	
	RTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF U.S.A	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		Y OF DEATH	MD	
10. C	Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	yland 21218	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Disabiti	F WORKING LI	IFE) 126 KIND O INDUSTRY	F BUSINESS OR	
13a. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland		130. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO [	130. STREET ADDRESS 1644 N	. Monr	roe Stre	d/7	
14. F	John M. Brown	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME Matthews		LAST		
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	216-07-5		17 INFORMANT Barbara Bro	ADDR		anvale S	treet	
No	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, C    DUE TO, C    DUE TO, C    (c)	DR AS A CONSEQUE ASPIK DR AS A CONSEQUE	ENCE OF	ON	MINAL DISEASE OR CON	DITION GI	VEN IN PART 110		
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DF INJURY m. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
	220.1 certify that X (this haspi sow the deceased alive op above, X (we) (did) (dia ro				nd that in (N) (our) opinion	to August death occurred on the d	21 ote and ha	ur and from the		
	Shirley	Ther	pson	_		MEDICAL STA		8/6	SIGNED 3	
	SHIRLEY		npson		VAMC, Balti	more, Maryl	and 2	1218	1	
	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	Burial	8/25	783	rowns	ville Nat'l	Baltin		Marylan	d	
24 F	UNERAL DIRECTOR				25a. DA1	TE REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNAT	URE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

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			STATE OF MARYLAND
	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE
-	REGISTRAR		CERTIFICATE OF DEATH
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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	0 / 8	3
1		CEASED NAME A FIRST A & A	A LA LA L EMIDDLE	(	AST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
	(TTPE	ZENITH	I Jones		BROWN	AUGUST :	26, 1983	10:amm
0	3. SEX	Female "	White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS MIN.
7		all fornia	USA	MARRIE		Baltimore city o	ore City	MD.
2	I	Baltimore	NAME OF HOSPITAL, NU	TOS P	OR OTHER INSTITUTION	12a. USUAL OCCUPATH	ON F WORKING LIFE) INDUST	PETZTY
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9	14 FA	THER'S NAME	Jone Jone	es	15. MOTHER'S MAIDEN NA	France	es Wa	ztkins
,		VAS DECEASED EVER IN U.S. ARME (ES, NOOPUNKNOWN) (IF YES, GIVE W		SECURITY NO.	Trust Dept	Farmers	Nat. Bar	nk
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2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21c HOW INJURY OCCUR			
	M	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspital	(AT HOME, STREET, FACTORY, OF		STREET 10	CITY OR TO	wn county	, that (1) (we) last
		sow the deceased alive on above, (1) (we) (did) (did name)		19, or	nd that in (my) (our) opinion	death accurred on the da		the couses stated
		Tu Tu	J-fr		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF  DIRECTOR PHYSIC  CH HOSPITA		ATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OR PI				BROADWAY E		MD 21231
_	230 0		FIROZVI MD	23c NAME OF C	EMETERY OR CREMATORY	123d. LOCATION		21231
	{	SPECIFY)	0 /07 /03	CIED AD		CITY OR TOWN	COUNTY	STATE 4
	24nFt	REMATION JUNE PALDIRECTOR DO DO 1	8/27/83 There	CEDAR	HILL CEMT	E REC'D. BY REGISTRAR		NATURE
	7 9	ly Lor uneral	Chapel Ann.	PROTTE	, Md. 250 DAT	116 3 1 1000 I	4.00	0

DHMH - 16 50M 4/82

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(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be a detached for use as the burial-transit permit. Then please remove carbomopatrs. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MADRIANI: If them 21 is marked or them 8 shows any injury, ar other traumatic event, the medical

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# TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medicol injury, or other troumotic IMPORTANT: If Item 21 is morked or Item 18 shows ony retained by the hospital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYCIENE &

1 -	STATE REGISTRAR			01	TARIM	CERTIF	ICATE	OF DEATH	r n i Str		REG. N	. 0	1	0	Sug.	
	CEASED NAME OR PRINT)	FIRST	A	AIDDLE			LAST		2	e. DATE OF D		MONTH	DAY	YEAR	2b. HO	JR
	1	IABEL		В.	В	RYAN						8	24	83	12	58%
3. SE	(		4. RACE	4.8		S, DATE (		AV YEA		AGE (IN YEAR	S LAST BIF	THDAY)	MONTH	ER I YEAR DAYS	IF UNDE	MIN.
F	EMALE		Whit	ce		MAR.	27	~1903 <sup>^</sup>		80		YRS				1
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COU	JNTRY?	8. MARRIE	D & NE	VER MARRIEI		BALTIMORE				EATH		
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136. 5	AL RESIDENCE (IF NURS TATE Md .	136 COUN	JTY	Balt	OR TOWN	1	YES [		]	3. STREET AD 3217		ntu	cky		213	
14. FA	THER'S NAME FIRST		MIDDLE		AST		15. MOT	HER'S MAIDE			MIDDLE			IAS	T	
	Samue1		larence		bso			Sara	h	Ca	the	rin	e		Bay	nard
	VAS DECEASED EVER VES, NO OR UNKNOWN)		MED FORCES?	166 SOCIA 217-		1369		illia	m S.	Brya	addri n		alti	mor	e	
NO	gove rise to imm couse (o), stotin underlying couse	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							SIVEN IN		aya	<u></u>				
CERTIFICATION	19a DATE OF OPERA	TION				OPERATIO .	N WAS P	ERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				TH?		
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4	SPECIFY	REMOVAL	236. DATE 8-27	82				or CREMAT		23d. LOCATE	TOWN	1	cou	ľbot	3.4	STATE
D	urial		10-71.	-03	UX	TOL	ı ce	meter	У	0xf	OIC	1	Ia.	LDOL	M	d

DHMH - 16 50M 4/82

Newnam Funeral Home

24 FUNERAL DIRECTOR

AATORY 234. LOCATION
CITY OXFORD

750. DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 5 CHATUREL

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(VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or remayol.

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IMPORTANT: If Hem 21 is morked or Hem 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	١٥.				
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
,,,,,	OK EKHAL)	Sylves	ter	James	Bu	ıccheri	Augu	st	30	1983		A
3 SE	K	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UN	HS DAYS	IF UNDER 24	_
	Male		Whi	te	Marc	ch 15, 1914	69	YR		HS DAYS	HOURS	MIN.
	RTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY	OR COUN	ITY OF	DEATH		
Ba	1timor	e MD	II C A		WIDOWE		Baltim	ore	Cit	У		MD.
	TY OR TOWN OF		(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET aton Med	AODRESS)	or other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Resturan	OST OF WORKING LIFE)		NDUSTRY	F BUSINES	
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	Nicho:	las		Buccher:	i 📗	Mary	An	ne	Sr	parac		
	VAS DECEASED E	VER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT W	ife ADDI	RESS		ime a		
	No	Non		218.18	2117	Elizabeth	J. Bucch	eri		13	3	
	Conditions, if gove rise to cause (a), sunderlying c	immediote stating the ause last.	(b)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D	NCE OF	S Pro Ke	+ Cr	voition (	GIVEN II	N PART 110	1	
O	11/8/3											
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MEDI	WHILE NI	CURRED OT WHILE	RED 218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FAR		ARM ETC )	2H LOCATION STREET	CITY OR T	OWN		COUNTY	STA	TE
	sow the de	at (I) (this hospito ceased alive on ve) (did) (did nat)		ne deceosed from	, ar	nd that in (my) (our) opinion (	, to death occurred on the o	dote and h			that (I) (we couses state	1
	22b. SIGNATURE		9		->	ATTENDING APHYSICIAN	MEDICAL STA			221. DATE	SIGNED 2018	- 3
		S NAME (TYPE ORP		ov	-	22e. ADDRESS						D

DHMH - 16 50M 4/B2

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

JIh DATE

Burial

Singleton

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem

Maryland

23d LOCATION
CITY OF TOWN

K Elkridge

COUNTY

STATE

Gien Burnie, 250. DATE REC'D.

1983

ge Howard MI Aggistrar's signature

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comple should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

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STATE OF MARYLAND

- STATE REGISTRA	AR .		DEPARTA	CERTII	FICATE OF DEATH	REG. NO.	0 , 0	
1. DECEASED NA	_		MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	R 26 HOUR
(TIPE OR PRINT)	MAUD	E	E.	1	BUCHNER	AUGUST	3, 1983	M
3. SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DA	
FEMAL	3	WHIT	E	NOV	. 29, 1888	94	YRS.	ITS HOURS MIN.
70. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR CO		d i
MARY	LAND	USA		WIDOW	47	BALTIMORE	, CITY	MD.
10. CITY OR TOW	N OF DEATH		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION		D OF BUSINESS OR
	IMORE	LONG G	REEN NURS	ING F	HOME	SECRETARY	KING LIFE) INDUST	K)
USUAL RESIDEN 130. STATE MD.	CE (IF NURSING HOME (		130. CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 40 S. FULTO	N AVE.	11223
14. FATHER'S NA	T	MIDDLE	LAST	. D	15. MOTHER'S MAIDEN NA	WE		LAST
GEO!	SED EVER IN U.S. A	W.	BUCHNE 1166. SOCIAL SECU		MARY 17. INFORMANT	ADDRESS		
(YES, NO OR UN		GIVE WAR OR DATES)	214-01-1			SSER 406 TITL	E DI DO	
	OF DEATH (Enter of		-	-	I THOMAS E. RU	33EK 400 111L		PROXIMATE INTERVAL
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00.00	ENT WAS UNDERLYING	EAIR	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	[]	2)
	Y OCCURRED  NOT WHILE  AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	10 10	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow t	fy that (I) (this has he deceased alive a c, (I) (we) (did) (did to ATLIPE	n	19	ma.	nd that in (my) (our) opinion DEGREE	death occurred on the date o	3, 19 and hour and from	
(e).	Grafto	n He	upera	in	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	17/	15/83
22d. PHYSI	CIAN'S NAME (TYPE	or PRINT) He	rsper	gei	270. ADDRESS	lical ail	2 Ru	Iding
	MATION, REMOVA			MAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	0
BURIAI		AUG.	5,1983 W	ESTER	RN CEM.	BALTIMORE		MD.
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MITCHELL-WIEDEFELD ADDRESS HOME 6500 YORK RD. AUG 8

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TO FUNERAL DIRECTOR: After this certificate has been upned by the offending p should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygeren prior to burial, cremation, or rem

TO HOSPITAL OR ATTENDING PHYSICIAN The lo retained by the haspital or attending physician

(VRA 15, 4)

-		#8,FilmG583 9/2	9/83 kam DEPA		OF MARYLAND ALTH AND MEN'	TAL HYGIENE	2 (	) / 8	j
	1 -	STATE REGISTRAR			ATE OF DEAT		REG. NO.		
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X		PAUI		BUINIC			GUST 10		10:30M
,	3. SEX	Male	White.	5. DATE OF	27 1	94/3	40	MONTHS DAY	
11		RTHPLACE, (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTE	Y? 8.	NEVER MARK	P. BALT	IMORE CITY OR	COUNTY OF DEATH	
1	7	IASh. D.C.	U.S.H.	WIDOWED	- ewen	BA	LTIMORE		MD.
35	<i>b</i>	BALTIMORE	THE JOHNS H	REET ADDRESS)		in C	Tude		OF BUSINESS OR Y
33	USUA 13a. S	TATE	13/EITY OR TO	FORE ADMISSION)	3d. INSIDECITY L	1 1 "	EET ADDRESS	plar Hill	Dr. 21401
20	14. FA	PAUL Chi	arles Buin	icki St	S. MOTHER'S MA	Thy Cr	omwell	11 Tho	MSON
2	160 W	VASDECEASED EVER IN U.S. ARM IS NO OR UD KNOWN) IF JES. GIV	ED FORCES? 166 SOCIAL SE PAR OR DATES) AM 216-42	-3886	PAU/C	BUIND	CKI ST.	# 13	?
7		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DV. W.	1/1 /	10000	Tio. No.	1.000-	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
		4301 IMMEDIATE		Keath	/ Resp	iva for	1 MYYUST	//	Nr.
		Conditions, if any, which	DUE TO, OR AS A CONSE		ry Ano	orvsm			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE		1				
		underlying cause last.	(c)	JOEN CE OF					
	z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DE	EASE OR CONDI	TION GIVEN IN PART	l(a)
-	ATIO	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORME	D 200.	AUTOPSY?	206. IF YES, WERE FINE	INGS USED
4	CERTIFICATION	8/5/83	Basilar Ar	Ery An	euryam	YES	_	IN CERTIFYING CAUSI YES	ES OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			OCCURRED (EN	ER NATURE OF INJURY	N ITEM 18 PART I OR PART 2	
7	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	24	220 I certify that (this haspita	l) attended the deceased fra	m augu	vt 5 1	9 8 3, to	luong 1	0 1983	, that (1) (we) last
2		sow the deceased alive and	my 10	9 8 3, one	that in (my) (our	) apinion death oc	curred an the date	and have and from the	ne couses stated
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		22d PHYSICIAN'S NAME (IMPORT	ach VACIA		22e. ADDRESS	CIAN DIREC	TOR PHYSICIA	NE	
1		Harold	Goll		Dons	Haplein		piral	
		BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DA/E 2	30. NAME OF CE	METERY OF TREM	AATORY 23d	CATION LITY OR TOWN	od P.C.	MIS
82	24 FL	UNERALDIRECTOR	11 1 1	1		250. DATE REC'D.	BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE
	10	Y/or tuneral (	MAPEL HAI	VAPOLIS	MU,	AUG 1	o 1983 d	range la	well

SECTION OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE P MATO SUPERIOR NO. 1 Avacuation and anomalism the second and according Me Hit Housely I also a second the second LACE CHERRY E. MERIST LOWELY Growwell The MERIN EL VINEEL SE 12 EN 1841 & CHINGE SE 44 13 Cresis Tion 1995 I Linear Center Secretary Secretarion 1985 Instar Surant Slugal Lynnpality Pus

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EXECUTE THE CERTIFICATE, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY PAGE 11, 2, AND 3 TO PAGE 11, AND 3 TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 11, AND AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT PAGES (TAND 2 SHOULD BE ATER DEATH WITH FISTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS,
DIVISIO	E, WRITING T WARDED TO PAGE 3 SHO STATE DEBAR 21201 PROJ
)	DICAL EXAMINER TIE THE CERTIFICATI 4 SHOULD BE FOR NERAL DIRECTOR DEATH, WITH THE
	EXECU PAGE TO FU AFTER

DHMH - 17 (VR A15 ME (5)) 20M 4/82

1.	FOR			DEPART	STAT MENT OF H		ARYLAN AND MI	ND ENTALH	ĮŽĢIEN	E O	0 7	- a	· Š	
11-	STATE REGISTRAR		MEI	DICAL	EXAMINI	ER'S C	ERTIFIC	CATEC	F DEA	ATH T	REG. NO.		4	
	ECEASED NAM	E FIRST		MIDDLE		ı	LAST			20. DATE K	NOWNXX	MONTH	DAY YE	AR 2b. HOUR
(1)	PE OR PRINT)	Ralp	h	C.		R	urles	on		OF DEATH M	ESTI-	8	16 198	3 "
3. SE	Х	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEAR	RS IF UNI	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		HTHOM	DAY YE	AR 2d. HOUR
	Male	White	4 30	YEAR 41	42 YR	. Intolette	DAYS	HOURS	MIN,	PRONOUNC DEAD		8	16 198.	
	SIRTHPLACE (S	TATE OR	76. CITIZEN OF WE	AT COUN	NTRY?	8 MARRIE	D M NE	VER MARR	IED 🗆	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
N	orth Ca		USA		2 12	WIDOW	ED 🗆	DIVORC			timore			MD.
10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTHE	R INSTITU	TION		MAL OCCUPA MOST OF WORKIN		OF WORK	126 KIND OF OR INDU	BUSINESS JSTRY
100	Baltimo		Univers	sity	Hospita		STU		Tre	e Trim	mer		Tree Co	0.
	AL RESIDENCE STATE Md.	(IF IN NURSING HOM		13c. CITY	E BEFORE ADMISSIO OR TOWN tminste		13d. INSIDE C	ITY LIMITS? NO 📑		8 N. T	annery	Ros	ad 21	157
§4. F	ATHER'S NAM	E	WIDDLE		LAST		IS MOTH	ER'S MAIDI	ENNAME				LAST	
	Will		A.	Bu	rleson		Zu	la				(	Jurley	
	WAS DECEASE	D EVER IN U.S. A	RMED FORCES?		CIAL SECURITY		17. INFOR/	THAN			ADDRESS			
n				212	-40-814	17	Mrs.	Zula	Bur	leson,	Mille	ers,	Md.	
NO	couse (o lying co				NSEQUENCE C		OR CONDITIO	N GIVEN IN PA	ART Tial					
A P	19a. DATE O	POPERATION	19b. CONDI	TION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?					20 AUTOP	SY?
IFIC													YES D	NO D
MEDICAL CERTIFICATION	UNDERLYIN	ING CAUSE O	F DEATH IO OOK	MONTH 8-	(AT HOME,	tre		occurre 11 on		ject	Y IN ITEM 18 PA	RT I OR PAI	RT 2)	
ME	WHILE AT WORK	X NOT WHILE	Outsi	de o	f the	920	Oblk	.Wrig	htsm	III Rd	. and	Dav		,Ballto
	22a. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME [	turol couses	Actident	XX Suit	Autops	, Homi	istan	Undet	Inquiry [ termined mon DICAL EXAMIT	ner .	DATE	Q	Nd.
23a.	BURIAL, CREMA	TION, REMOVAL	. 23b. DATE	23c.	NAME OF CEM	METERY OF	R CREMAT	ORY	23d. LC	OCATION		COU	NTY	STATE
_	Burial	ECHON	8-19-83	L	ineboro	Cem	etery		L	inebor	9		moll.	Md
24	FUNERAL DIRE		Home, Hamp	stead	l, Md.	2107	4	250 AUE	3	1983 ar	25/ REGIS	TRAR'S S	L Com	ef

of the first war for the THE PARTY OF THE PARTY OF THE PARTY. El & grant | February | Personal AND IN THE PROPERTY OF THE PRO

#### FOR STATE REGISTRAF

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGINE CERTIFICATE OF DEATH

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1.	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.						
	CEASED NAME FIRST		HORNEON	<sup>*</sup> ) 1		MONTH DAY YEAR	26 HOUR	
	Jaloma	L E.	Bu	rey	0	8-30-23	758 4	
3. SE	× M	RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER EYEA MONTHS DAYS		
	IRTHPLACE (STATE OR FOREIGN 7) GOUNTRY . 'irginia'	6. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DINEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH	MD	
10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME C		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		OF BUSINESS OR	
13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE		YES NO		atham Road	21207	
14. FA	ATHER'S NAME FIRST . M	Thor		15. MOTHER'S MAIDEN NAM	MIDDLE	Burl	ey .	
16a V	WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL 216-	SECURITY NO.	17. WFORMANT	ADDRI	2 N. Rose	dale St.	
NO	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCE OF	and sar		tailure h	onths	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	
	22a I certify that (I this haspite specified december of the or obove, (I) we entitled in not	8/30/	19_ <u>83</u> or	nd that in/(my) (our) apinion a	death occurred on the d			
	Koh	Mage		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF c. 4	30/83	
	22d. PHYSICIAN'S NAME TYPE OR	rie-Suh	am.	220. ADDRESS	BM For	· Hosp.		
	BURIAL CREMATION, REMOVAL	9/1/83		burn Cem.	Ba'I'L'I'MC	ore, county	Mdsiate	
24 51	LINIEDAL DIDECTOR			25. DAT	E DEC'D BY DECISTRAD	THE DECISTRANCE CICAL	ATLINE	

Wm "C" March F/H Inc. 1101 North Ave.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

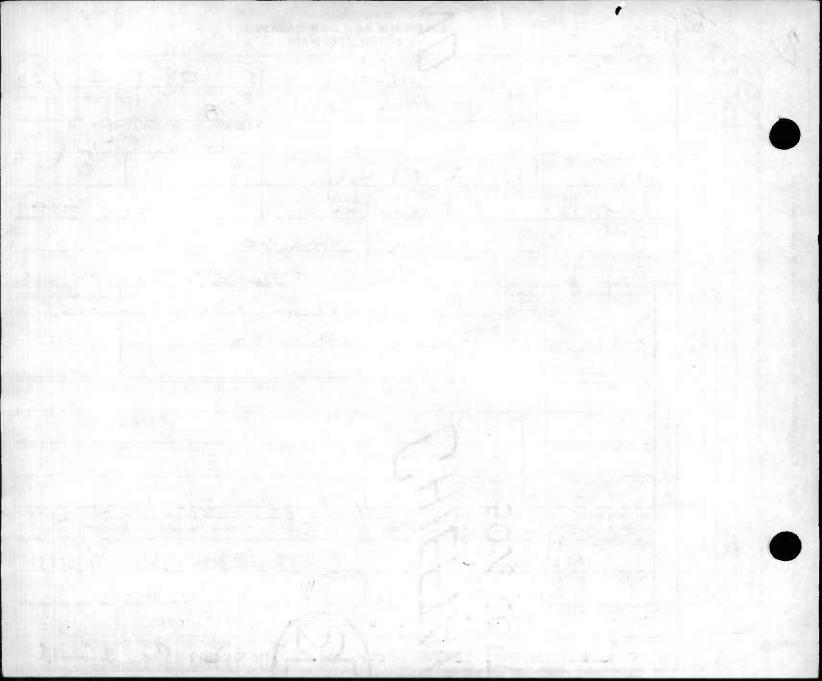
MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, th

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or ottending physician.

BP.

and completely filled in by the funeral of ages 1 and 2 should be filed within 72 h



ATTENDING PHYSICIAN: The for

TO HOSPITAL

#### STATE OF MARYLAND

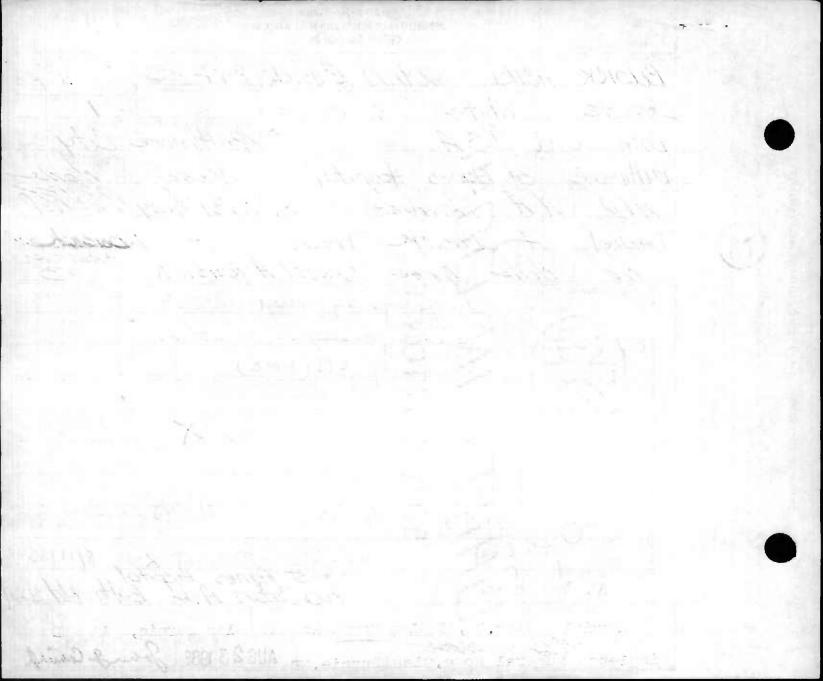
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La	0	1	6	V

1-	FOR STATE REGISTRAR		EALTH AND MENTACHYG!	REG. NO.	9 0
-					DAY YEAR 25 HOUR
I DEC	CEASED NAME FIRST	USI LYNY	Busick	20. DATE OF DEATH MONTH  8-17-83  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR
7	temale	White S. DATE C	DAY YEAR	YRS.	MONTHS DAYS HOURS MIN.
Ta. 81	HIHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE		9. BALTIMORE CITY OR COUNTY	OF DEATH
B	TY OR TOWN OF DEATH	, NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL (IF NOT IN SUCCESSION OF HOSPITAL (IF NOT IN SUCESSION OF HOSPITAL (IF NOT IN SUCCESSION OF HOSPITAL (IF		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	E: INDUSTRY
USUA 13a: 5	AL RESIDENCE IN MURSING HOME OF CO.	THE POSITION OF HE SOME HE ON TOWN THE PARTY OF THE PARTY	13d. INSIDE CITY LIMITS? YES NO	13e. STREELADDRESS SONG	Pout Ref
M. FA	THER SNAME FIRST MIG	LASH L	15. MOTHER'S MAIDEN NAM	MIDDLE	-/a LAST
Tên Y	VAS DECEASED EVER IN U.S. ARME OWN) (IF YES, GIV)	O FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	BANCE AS
	(IF YES, GIV)	Ne None	JAME! H	BUSICK	13
	PART I. DEATH WAS CAUSED E		along arrest	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	765	DUE TO, OR AS A CONSEQUENCE OF	1	Premotionas	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ROSCHM	D.)	
NO	PART 2. OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this haspital saw the deceoded alive an abave, (I) (we) (did) (did nat) v	view the body after death.		to \$1783.	
	22b. SIGNATURE GOL	allow)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/18/83
	A . DHIL	LON	900 Cot	ones Hospita	Batto Hold 212
23n. P	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	Buria1	Aug, 20, 83 Glen H	aven Mem Pk	Glen Burnie	COUNTY STATE
	UNERAL DIRECTOR	ral Home, Glen B	A t	E REC'D. BY REGISTRAR 256. RESIST	RAR'S SIGNATURE
D.	rigiecon rune	rar nome Gien B.	urnie Mb	0 - 0 1300	

DHMH-16 30M 2/80 (VRA 15, 4)

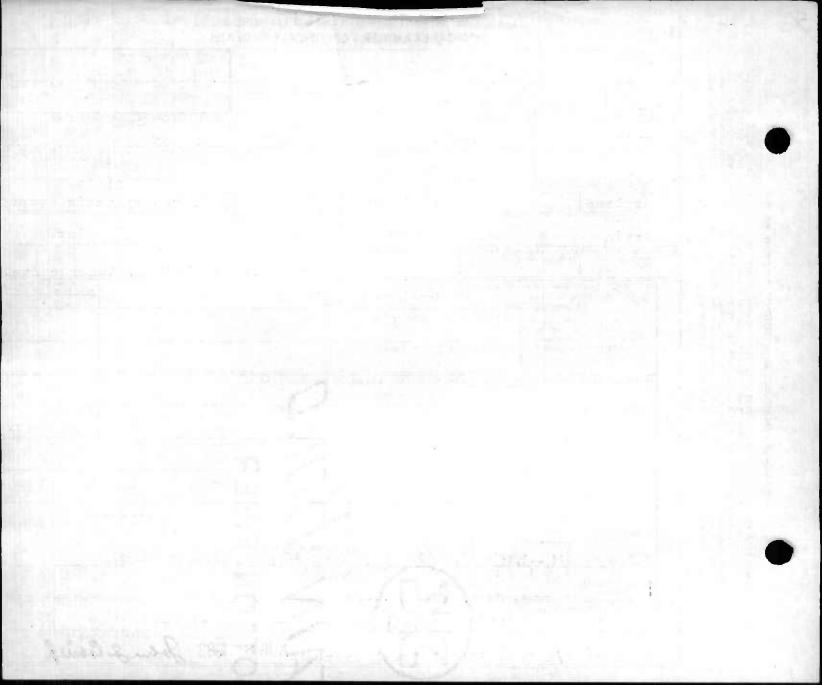
should be detached for us with the State Dept. of the MPORTANT, If Nem 21 is

24. FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD



	S NECES. FUNERAL 5 FOR D. WITHIN
0.21201	AEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSATURE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PAGE 5 FOR UNEXAL PRACES PAGES 3 HAVIOLD BE FILED, WITHIN THE STAME PAGES AHOULD BE FILED, WITHIN THE STAME PAGES AHOULD BE FILED, WITHIN PAGES IN THE STAME PAGES AHOULD BE FILED, WITHIN PAGES INFOLD 2 SHOULD BE FILED, WITHIN PAGES INFOLD STAME PROPERS.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SIVE PAGES 1, SIVE PAGES 1, SAGES 1, AND 2
RESTON ST., 8	THIN 24 HOURS IL IN ITEM 18. G ER ALONG WITH ANSIT PERMIT. F
DRDS, 201 W. F	EXECUTED WI'NG" IN PENC BICAL EXAMINA A BURIAL - TRA
OF VITAL RECC	TE SHOULD BE WORD "PEND HE CHIEF MED D BE USED AS.
DIVISION	THIS CERTIFICA WARDED TO TI PAGE 3 SHOUL
	L EXAMINER: E CERTIFICATE, DULD BE FORV L DIRECTOR: P
	UTE THI

	STATE REGISTRAF	1		M				ERTIFICA			REG.	NO.		
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			N	MONTH DA	Y YEAR	LAST BIRTHO	DAY) MONT		OURS MIN	PRONO	UNCED	8-	4-83	AR 2d.
	emale IRTHPLACE			7 2			YRS.					OR COU	NTY OF DEATH	
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	aryla	nd	-		.S.A.		WIDOW		ONORCED L		timore		4	BUICINE
/				Ohne	HODE I	STREET ADDRESS)	nital	ER INSTITUTIO		FOR MOST OF W	UPATION (1 ORKING LIFE)		OR IND	
13a. S	Mary 1	er (Pin nursino and 13b.	G HOME OR OT	IHER ÍNSTITUTION	13c CIT	te before admiss Y OR TOWN 1 t i mo		13d INSIDECITY L	IMITS?   13e :	STREET ADD	RESS Pen	_	1217 vania	Ave
14. F	ATHER'S NA	ME	AA	AIDDLE		LAST		15. MOTHER'S		ME	WIDDLE		LAST	
	Irvi	. n	,***	in out	W	ilson		Sar	ah				Clar	:k
(41	WAS DECEA	SED EVER IN L	J.S. ARMED		16b. SO	CIAL SECURI	TY NO.	17. INFORMAN	VI		ADDRE	SS		
	NO	(IF)	165, GIVE WAR	ORDATES				Char1	es Ro	wman	1402	N ·	Luzern	ο Δ
	/ 4	-10		DOE TO,	OR AS A CO	NSEGUENCE	Or							
7	gave cause lying	itians, if any, rise to imm (a) stating the cause last.	nediate under-	(b)	OR AS A CO	NSEQUENCE	OF	E DR CONDITION GIV	VEN IN PART 1 (a.					
TION	gave cause lying	rise to imm (a) stating the cause last.	nediate under- NDITIONS CONT	(b) DUE TO, (c)	OR AS A CO	NSEQUENCE	OF MINAL DISEASI	- ( )						
ICATION	gave cause lying	rise to imn (a) stating the cause last.	nediate under- NDITIONS CONT	(b) DUE TO, (c)	OR AS A CO	NSEQUENCE	OF MINAL DISEASI	E DR CONDITION GI					28 AUTO	
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CAL CERTIFICATION	gave cause lying  PART 2 01H  19a DATE  21a EXTEL  UNDERLY CONTRIB	rise to imm (a) stating the cause last.  R SIGNIFICANT CON OF OPERATIO  RNAL CAUSE V ING OR OTHER CAUSE V ING CAU	NOTIONS (DNT	(b)	OR AS A COL	NSEQUENCE  ATED TO THE TER  WHICH OPE  H DAY YEA	RATION W	'AS PERFORME	D?		MATI NE YAULNE	18 PART I OR 6	YES [	
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MEDICAL CERTIFICATION	gave cause lying  PART 2 DTH  190 DATE  210 EXTEL  UNDERLY CONTRIB  210 INJUI  WHILE  AT WORK	rise to imm (a) stating the cause last.  R SIGNIFICANT CDI  OF OPERATIO  RNAL CAUSE V  RNAL CAUSE V  ING OR OR  RNAL CAUSE V  RN	NOITIONS CONT  NOITIONS CONT  NAS  USE OF DEA  K  K  k charge of	(b)	OR AS A COLOR OF INJURY  A.M. MONTH  ACTORY, FARM,	NSEQUENCE  WHICH OPE  H DAY YEA  19 Y (ATHOME.  ETC.)	RATION W	OW INJURY OC	D?  CCURRED (EN	STER NATURE OF CITY OR	town		YES [	N
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23a.B	gave cause lying  PART 2 DTH  19a DATE  21a EXTEI  UNDERLY CONTRIB  21d. INJUE  AT WORN  22a 1c  death re  ACTUAL  SIGNATU  EXAMINE  (TYPE OR  BURIAL, CRE  BURIAL, CRE  BURIAL  NAME	rise to imn (a) stating the cause last.  R SIGNIFICANT (DI)  OF OPERATIO  OR OPERATIO  RNAL CAUSE V ING OR OPERATIO  RIV OCCURRED ON OT WHAT WOR!  OF OPERATIO  REPAIR OF OPERATION  REPAIR	NOITIONS CONTON	(b)	OR AS A COLOR OF INJURY  OF INJURY  A.M. MONTH  ACTORY, FARM,  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  B  B  B  B  ESS	NSEQUENCE  WHICH OPE  H DAY YEA  19 Y (ATHOME.  ETC.)  AVE. M.  NAME OF CE  2 altim	RATION W  21t LO 21t LO 3  Autopiuicide   D. EMETERY O	CATION STREET  Sy In Hamicide TITLE (SPEC ASSISTE R CREMATORY Cemete	D?  COURRED (EN Spection XX  Lispection XX  Lispect	CITY OR  LINGUIS AEDICAL EX.  CONTROL STR  LICCATION  Balt	ry, manner  AMINER eet imore	and in my on DATI SIGN	YES [ COUNTY  apinian  E 8-5-8	3



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MPORTANT:

24. FUNERAL DIRECTOR

Wm CNAMarch F/H Inc. 1101 ADE North Ave.

certificate h

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

by the hospita

HOSPITAL OR ATTE

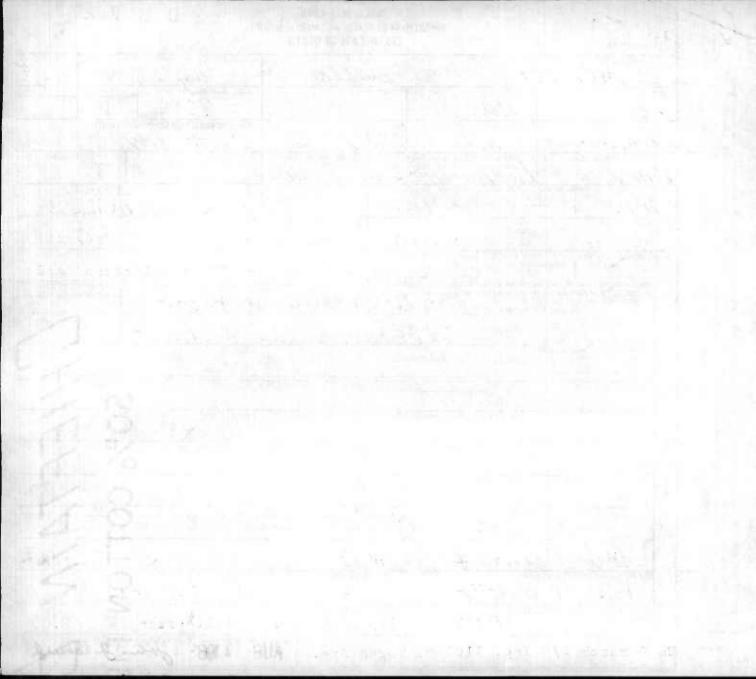
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20792

- STATE REGISTRAR REG. NO 2a DATE OF DEATH L DECEASED NAME FIRST MONTH YEAR 26 HOUR LIYPE OR PRINT LSTER M 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS MONTH DAYS MIN. Dack 8 18 09 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED MD. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 139, STATE 21216 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS mI YES K RANKLIN TOWN RD NO [ 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Phefia Rodgers Hassell Walter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT UNKNOWN Annie Kenner 938 Franklintown Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ja), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 OR AS A GONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES [ NO IT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from .. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Williamston. BURIAL 8/4/83 N.C. Family Plot Cem.

DHMH - 16 50M 4/82 (VRA 15, 4)



## FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) 3 SEX Female To. BIRTHPLACE (STATE OF FOREIGN West Virginia

10. CITY OR TOWN OF DEATH

Smith

(YES NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

21,1983

ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTHEY MEDICAL EXAMINER)

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19a DATE OF OPERATION

21d INJURY OCCURRED

BALTO

Maryland

4. FATHER'S NAME

13a. STATE

FIRST

NEVA

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (o

22a.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on the body after death

COUNTY

21218

MIDDLE

B

White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

(Ann)

Baltimore

166 SOCIAL SECURITY NO

arpiopulmonar

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Braithwaite

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

SPLENDMEGALY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

AV6 7

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

16.

NEVER MARRIED

136. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN

21c. HOW INJURY OCC

211 LOCATION

and that in (my) (our) opinio

22e ADDRESS

17 INFORMANT

Virgin

BUTLER

5. DATE OF BIRTH MONTH

MARRIED X

WIDOWED

Nov.

UNION MEMORIAL HOSPITAL

217-26-8806Charles

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

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DIVORCED	BALTIMORE	CITY		MD.
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D TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN	DART 1/=	
VARIOS	INAL DISEASE OR COINL	MION GIVEN IN	FAKI 110	
ORMED	20a AUTOPSY?	206. IF YES, WERE	FEINDINGS	ISED
OMMED	100	IN CERTIFYING	CAUSES OF D	EATH?
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ION	CITY OR TOV	wN CO	NIA	STATE
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) (our) opinion o	death occurred on the do	te and hour and 1	rom the couse	s stated
ATTENDING	MEDICAL STAF	F	DATE SIGN	S-3
SS PHYSICIAN	DIRECTOR PHYSIC	IAIN LX	0/0//	-
7				
	Torrigon			
CREMATORY	23d LOCATION	COLIN	17	STATE

24 puo ather please signed ă 0 permit. bee hos r use as the burial-tronsit Health and Mental Hygie 18 ř morked FUNERAL DIRECTOR: should be detached with the State Dept. + MPORTANT

BP. DHMH - 16 50M 1/BI (VRA 15, 4)

Burial

CERTIFICATION

MEDICAL

230 BURIAL, CREMATION, REMOVAL 23b. DATE

SICIAN'S NAME LIYPE OF PRINTS

23c NAME OF CEMETERY OR CREMATOR

DEGREE

Hedgesville, West VA.

24 FUNERAL DIRECTOR

Hedgesville Cemetery Hedgest 250 DATE REC D. BY REGISTRAR 256. RE AUG 8 1983 William E. Johnson8521 Loch Raven

TRAR'S SIGNATURE

Englishment of the control of the co

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 migra initial or attending physician.
CTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, now for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filed within 72 hours after an Health and Mental Hygiene prior to burial, cremation, ar remaval.

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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) 435 MARGARET MADELINE 30-83 IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH 111-3-1913 69 To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE LARYLAND WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTO. OSPITAL OME OMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21206 13a. STATE 13c CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MIDLINE 4804 MD ALTO YES X NO [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ANNENFELSER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 4804 - 4804 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: ardiac MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 9 days Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION STATE CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 8-2 22a. | certify that (1) (this hospital) attended the deceased from, 83 and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (didnet) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS

SLIMAN 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

PURIAL

23c. NAME OF CEMETERY OR CREMATORY

CEM.

MEADOWRIDGE

23d. LOCATION SALTO.

STATE

DHMH - 16 50M 4/89 (VRA 15, 4)

FUNERAL DIRECTOR:

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24. EUNERAL DIRECTOR

83

25a. DATE REC'D. BY REGISTRAR 25b.

TSTRAR'S SIGNATURE

PRIVER II WE + PAID = DE MENTURE | DESCRIPTION AND A SUB- COMMUNICATION AND A SUB- C Brief Hospital Hospital Honsmanes Nove 6) secold pash X eram . Black Conf. 1 and increased to the first 

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or attending physician

rector, page 3

Page 4 moy be

# STATE OF MARYLAND

	FOR 1 - STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	PYGIENE REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 2b. HOUR
	M.	THERESA	BYERS	08 2	6 83 9 a <sub>M</sub>
	3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE	09 07 1:		ONTHS DAYS HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	MARYLAND	U.S.A.	WIDOWED DIVORCED		MD.
	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR ST. AGNES I	ISING HOME OR OTHER INSTITUTION REET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOLE OF 130, STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		TS? 13e. STREET ADDRESS	
1		TIMORE CATONS			N AVENUE, 21228
5	M. FATHER'S NAME FIRST CHARLES	MIDDLE SAUERW	VALD 15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
ī	160 WAS DECEASED EVER IN U.S. A		ECURITY NO. 17. INFORMANT	ADDRESS	
d	(YES NO OR UNKNOWN) (IF YES, G	217-24	4-3561 GEORGE BY	ERS 117 S. SYMINGTO	N AVENUE, 21228
,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC (c) COMONIONS CONTRIBUTING TO MEMBRANOUS CO	QUENCE OF OUENCE OF IC OSSTRUCTIVE LUM TO DEATH BUT NOT RELATED TO THE	20a. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED (ING CAUSES OF DEATH?
3	OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that AT (this hasp sow the deteased alive a obove, If (we) (did) (did)  22b. SIGNATURE  22d. PHYSICIAN S NAME (TYPE	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIX  outol) ottended the deceosed from 2 2 6  outol) view the body ofter deoth.	DAY YEAR 19 21f. LOCATION STREET  m 27 4 19 DEGREE  ATTENDIT PHYSICI.  22e ADDRESS	COURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE  19
	23a. BURIAL, CREMATION, REMOVA	L 23b. DATE 23	30. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	08-29-83	LORRAINE PARK	WOODLAWN BALT	IMORE MD.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR

NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AUG 2 9 198?

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#### - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 8 16 19 83 Robert Lee Byrd 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) MONTHS PRONOUNCED Male. Black. May 8, 1928 55 YRS 16 1983 5 FOR YOU, WITHIN To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) WIDOWED [ TO THE FUN N PAGE 5 F N.C. U.S.A. DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospital Self- Employed+----0----.Baltimore PM 3. RETAIN P PM 3. RETAIN P ND 2. SHOULD BE WATA! RECORDS. DME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS SUAL RESIDENCE (IF IN NUMBER 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Glem-Burnie YES 3 308 Morris Hill Ave. 21061 NO [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LITEM 18. GIVE PAGES ALONG WITH FORM P T PERMIT, PAGES IN AN Willie Byrd Pearl Wilson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS DIVISION I (IF YES, GIVE WAR OR DATES) 229-26-7036 Nevada Byrd, 308 Morris Hill Ave. 21061 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1ITEM 18. BORG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING W TO FUNCHER MEDICAL EXAMINER ALCING W TO FUNCHER DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALIMORE, MARYDANG, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:05 xx. Driver in van/trailer-tractor impact 16 1983 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK I-95 Balto., White Marsh road 220. I certify that I took charge of the remains described above, held on and in my opinion Autopsy death resulted from Natural cooses TITLE (SPECIFY) **ACTUAL** DATE 8/16/83 M.DDeputy Chiefiedical EXAMINER 111 Penn St. . Balto., MD. EXAMINER'S NAME Thomas D. Smith, M.D. (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 8/27/83 Cedar Hill Cemetery Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE

**DHMH - 17** (VR A15 ME (5)) 20M 4/B2

24. FUNERAL DIRECTOR

Taw Funeral Home 4611 Park Heights Ave. 21215

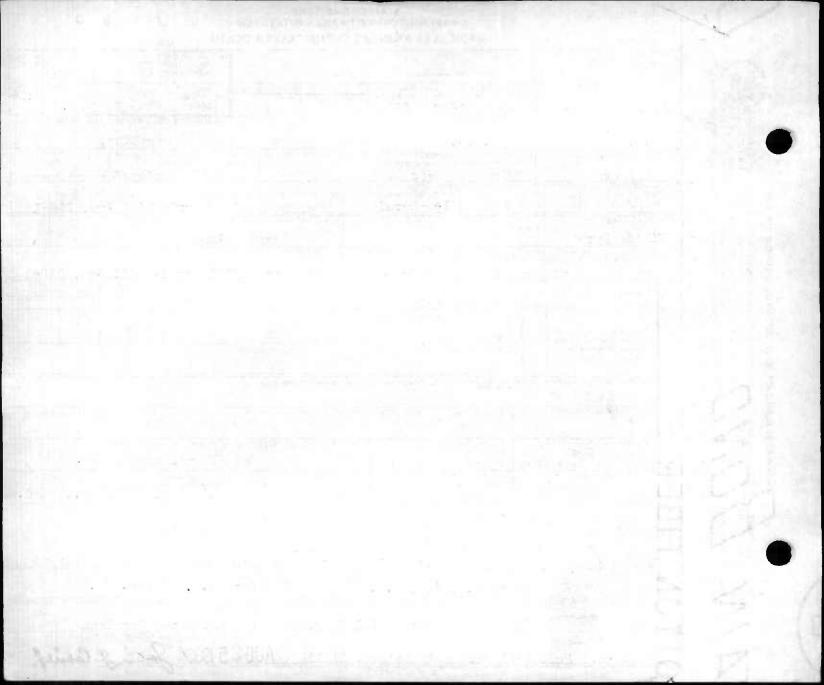
2b. HOUR

OR INDUSTRY

YES X

NO [

Md.



BP\_ **DHMH - 17** (VR A15 ME (5)) 20M 4/82

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 797 0

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	3. 5EX		4 RACE	5 DATE OF BIRTH	6. AGE (IN)	YEARS IF UN	DER I YR.	FUNDER	24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d. HOUR
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2	LIVE.	5, NO, OR UNKNO	D EVER IN U.S. ARA		213-80-12		17. INFORM		TOUNG	ONT 46	ADDRESS	Sever	n, l	Md. 2	21144
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				(c)											
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-	¥	WHILE AT WORK	NOT WHILE &	STREET, FACTO	ory, FARM, ETC.)		648 &	Eve	rgree	n Rd,		naPar	k, A	.A.,	Md.
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See		EXAMINER'S (TYPE OR PRI	NAME   ho	mas D. Sm	ith, M.D.		ADDRESS	111	Penn	St.	Ва	Ito.,	MD.		200
	23a.BL	JRIAL, CREMA	TION, REMOVAL 2	3b DATE	23c. NAME OF C	EMETERY O	R CREMATOR	RY	23d. LO	CATION		COUN	VTY	ST.	ATE
	BUI	RIAL		8-6-1983	CARPEN	TER H				Round		A.A		Mary]	and
		NERAL DIREC	TOR	Annapolis	, Md. 2140	1	25	a. DATE	REC'D. BY	REGISTRAL 1003	SH REG	STRARAS	IGNATI	JRE	6
- 1	MT	CLIAM I	REESE & S	ONS MORTU	ARY, P.A.			AUG	7 7 7	DUU	N			-	

16-13 (A-a) (A-a) CACLED SEC. 3 . 61 years - 2.02 - 11100 - 4.7 Lts - 2421-01-212

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely shauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 showth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medica

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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DEPARTM	ENT	OF HE	ALTH	AND	MENT	ALWYGIENE
	CER	TIFIC	ATE	OF	DEAT	H

1	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. I	NO.	, ,	
	CEASED NAME	FIRST	WIGOLE		LAST	20. DATE OF DEATH	MONTH OAT	Y YEAR	2b. HOUR
TITE	PE OR PRINT)	odrow	W.	(	alvert	Aug. 7.	1983		M
3. SE		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST E	BIRTHOAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White	Ma	rch 23.1913	69	YRS.	NIHS DAYS	HOURS MIN.
	MARTHPLACE (STATE OR FO	OREIGN 7b. CITIZ	EN OF WHAT COUN	TRY? 8. MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O		MD
10. C	Baltimon	/ IF No		JRSING HOME	or other institution alto. M. 21230	120. USUAL OCCUPA STYPE OF, WORK FOR MOST Machine Of	TION FOF WORKING LIFE)	12b. KIND O	F BUSINESS OR
13a. Mc	aryland	NG HOME OR OTHER INS 13b. COUNTY	13g CITY OR	BEFORE ADMISSION) TOWN TWRE	13d. INSIDE CITY LIMITS?			Balto.	Md. 21230
14. F.	ATHER'S NAME FIRST George	M.	Calve	ent	15. MOTHER'S MAIDEN NA	MIDDLE		(umber	rland
		N U.S. ARMED FOI (IF YES, GIVE WAR OR (		SECURITY NO. 0-1011	17. INFORMANT Ms. Billie Ma		ress 1524 Bel	t St.l	Balto.Md.
	Canditians, if any, gave rise to imm cause (a), stating underlying cause	DUE which dedigte	E (O) E TO, OR AS A CONS (b) E TO, OR AS A CONS	- ment	5 + Hysten	a Cordi o	n de d	-	
NO	PART 2 OTHER SIGN	FICANT CONDITI	ONSCONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	, ,
CERTIFICATION	190. DATE OF OPERAT	ION 19b.	CONDITION FOR W	HICH OPERATIC	PERATION WAS PERFORMED 200 AUTOPSY? 201. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT				
EDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PARI	I OR PART 2)	
MED	21d, INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	(AT)	PLACE OF INJURY HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease	d alive on	nded the deceased for 1/3/82-		nd that in (my) (our) opinion	, ta death occurred an the	date and haur a		that (I) (we) last causes stated
	226. SIGNATURE	Inis		ez,	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	SIGNED 3
	14- P. F	RIFD OT	w, M.	D	1319 L. G	-Hr 582	Preso	MD.	21230
23a.	BURIAL, CREMATION, 1 (SPECIFY) Buria		ATE 11, 1983		en Mem. Park	Lest Burn	ue, A.A.	Cor. Mai	ryland

14 FUNERAL DIRECTOR 21230 McCulty Funeral Home, 130 E. Fornt Ave. Balto. Md.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

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TO FUNERAL DIRECTOR, After

# FOR STATE REGISTRAR

STATE OF MARYLAND	2 0
DEPARTMENT OF HEALTH AND MENTAE HYGIENE	la U
CERTIFICATE OF DEATH	REC NO

6	I. DEC	CEASED NAME FIRST	7	MIDDLE	L	AST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR		
3		ANTHON	Y	Paul	CAMP	ACNA	08	/08/83	7:40Pm		
П	3. SEX		4. RACE	1 002	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	J. J.				MONTH DAY YEAR			MONTHS DAYS	HOURS MIN.		
	70 B)S	Male RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	A BALTIMORE CITY OR COL			UNITY OF DEATH			
6		OUNTRY)				NEVER MARRIED	BALTIMORE C		VA 51918		
4	10 CI	Maryland TY OR TOWN OF DEATH	U.S.		G HOME C	DIVORCED DIVORCED	12a. USUAL OCCUPATION		MD. OF BUSINESS OR		
0	BA	LTIMORE CITY	St. A	gnes Hosp	oital		(TYPE OF WORK FOR MOST OF WORK Sales				
5	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136. COU	ROTHER INSTITUTION. NTY	13c. CITY OR TOWN	ADMISSION)	138. INSIDE CITY LIMITS?	130. STREET ADDRESS 4604 Colehe	rne Road	21229		
Y	4. FA	THER'S NAME FRST Anthony	MIDDLE	Campac	ona	IS. MOTHER'S MAIDEN NA		Cira	ST		
-	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	165. SOCIAL SECU	_	17 INFORMANT	ADDRESS				
			VE WAR OR DATES)	212-09-		Rosina M. (	Campaona	Same as 7	# 13		
				IMATE INTERVAL ONSET AND DEATH							
-		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	BETWEEN	ONSET AND DEATH							
		IA IA IMMEDIA	TE CAUSE (a)	Carva	- 0 1	VCOM (1 CVO)	arrest				
		7/78	DUE TO, O	R AS A CONSEQUE	NCE OF	. O into	irction				
		Canditions, if any, which	(b)	Myoco	MAC	at my	or occur.				
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	441		K 7 - 8 8			
			(c)_								
	z	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	A A #	N GIVEN IN PART 10	a ·		
	100	Hypenter 190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO				
Y	CERTIFICATION	198. DATE OF GPERATION	198. COND	- INON POR WHICH	OFERATIO	N WAS PERFORMED					
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	PART		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. PLACE	M.	19	21f. LOCATION					
	MET			REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE		
- 1		AT WORK									
	1	220.1 certify that (1) (this hasp	4		83.	, 19	, ta death accurred on the date an		that (1) (we) last		
П		saw the deceased alive ar abave, (1) (we) (did) (did no									
		226. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF							SIGNED		
		PHYSICIAN DIRECTOR						8/8	183		
		228 ADDRESS							500 D		
		BEDRI	70	USIF		St. Agnes	Hospital, Bal	timore ,	Md.		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE		
		Burial	. 8/12			thedral Cemet	ery Baltim	ore	Md.		
	24 FL	NERAL DIRECTOR Russe	11 C. Wi	take Fun	eral	Homes P. A 250. DAT	E REC'D. BY REGISTRAR 255 0	EGISTRAR'S SIGNAT	TURE		
	16	30 Edmondson A	venue, C	Catonsvil	le, M	d. 21228 Al	JG 1 1 1983 🔏	Lange G	thell		

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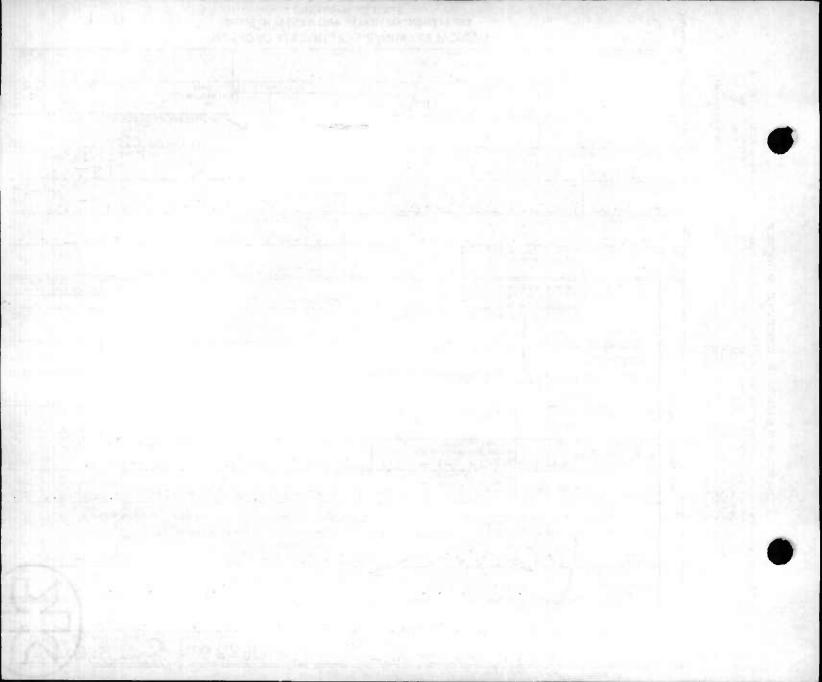
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	STATE OF THE STATE
	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, CUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 GIVE PAGES 1, 2, AND 3 TO THE FUNERAN DIRE AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR YOUR FUNERAL DIRECTOR: PAGE 3 SHOULD BE STED, WITHIN YOUR PERANSIT PERANSIT PERANT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN YOUR PENDING PAGES 1 AND 2 SHOULD BE FILED, WITHIN YOUR PERANSIT PERANT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN YOUR PROBLEM.
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5	11-	FOR STATE REGISTRAR		STATE OF MARY NT OF HEALTH AND AMINER'S CERT	D MENTAL HVG		0 B	0 0	
% % % L'		CEASED NAME FIRST E OR PRINT)  Annie	MIDDLE	Campt	pell	20. DATE KN OF DEATH A	ESTI-	8 30 19 8	2b. HOU
NECESSARY, HEASE NUNERALDRECTOR. 5 FOR YOUR FILES. WITHINYZ HOURS W. PRESTON STREET.	3 SEX		5. DATE OF BIRTH MONTH DAY YEAR  11-5-33  75. CITIZEN OF WHAT COUNTRY	AST BIRTHDAY) MONTHS D		IRS. 2c. DATE I. PRONOUNC DEAD	MC ED		6:5 A A
NECESS FUNERA 5 FOR W PRES	B	REIGN COUNTRY)	4.5.9.	MARRIED WIDOWED	011.011.00	□ Bal	timore	City,	M
ELAY IS TO THE I PAGE BE FILED		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 6008 Amberw	ood Road		FOR MOST OF WORKIN	IG LIFE)	OR IND	USTRY
MD. 21201  H. IF ANY DELAY IS NET.  2. AND 3 TO THE FUN.  3. RETAIN PAGE 5 F.  2. SHOULD BE FILED, W.  TAL RECORDS, 201 W.  I. I	USUA 13a, S		R OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 131_CITY OR	TOWN 13d II	ISIDE CITY LIMITS? 13e.	STREET ADDRESS	ene wao	o Rn I	1206
F S S S S S S S S S S S S S S S S S S S	C	ATHER'S NAME FIRST  HARLIE	MIDDLE LAST	15. M	OTHER'S MAIDEN N	MCUL MIDE	DLE	LAST	
BALTIMORI JRS AFTER DE JRS AFTER DE WITH FORM T. PAGES 1 AF DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 17 IN	SLAURAC	A MORE	AUUG ADDRESS UJOS	DUNSTO	12 McRo
201 W. PRESTON ST UTED WITHIN 24 HOU IN PENCIL IN ITEM 1: EXAMINER ALONG SIAL - TRANSIT PERMI D MENTAL HYGIENE, ON, OR REMOVAL.		PART I DEATH WAS CAUSED	y one cause per line for (a), (b), an BY:  E CAUSE (a) CONGESTI  DUE TO, OR AS A CONSEC  (b)  DUE TO, OR AS A CONSEC  (c)	ve heart fai	lure			APPROX	MATÉ INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EXA EX SHOULD BE USED AS A BURIAL, E DEPARTIMENT OF HEALTH AND ME OF PROPERTY OF THE SHOULD BURIAL,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED T	D THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1 10	σ1.			
HOULE RD "P HIEF USED OF HE	TIFICAT	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED?			20 AUTO	_
DIVISION OF VI  E. WRITING CERTIFICATE SI  E. WRITING THE WO  E. PAGE 3 SHOULD BE  STATE DEPARTMENT  E. 21201 PRIOR TO	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y YEAR 19	JURY OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
DIVISION  JATE, THIS CERTIFIC  ATE, WRITING IT  FORWARDED TO  OR: PAGE 3 SHOL  HE STATE DEPART  (ND, 21201 PRIOR	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	THOME, ZII. LOCATIO	N	CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITII PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	4/	27e. I certify that the charge death resulted from ACTUAL SIGNATURE	e of the remain described abave, pl causes NXX Recided	Suicide , ti	TLE (SPECIFY) Eputy Chie	MEDICAL EXAMIN	HER S		60/83
TO MEI EXECUT PAGE 4 TO FUN AFTER I BALTIM	23a.B	EXAMINER'S NAME THOM (TYPE OR PRINT) THOM URIAL, CREMATION, REMOVAL 2	as D. Smith, M.	ADDR	133	n St. Ba	lot.,MC		STATE
BP	7	DUR 14L UNERAL DIRECTOR	9-3-83 M	AUBURN S	250. DATE RECY	BALTO D. BY REGISTRAR	756, REQISTR	AR'S LIGHT LAND	STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	1	JOSEPH L. RU	CE 2212WI	VORTH AV	SEP 9	MOS	0	<b>V</b>	

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STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral should be detached far use as the busiol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 77 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital at attending physician.

death. Page 4 may be

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				REG. NO.		
1. DECEASED NAME	FIRST A	AIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR	Zb. HOUR
ANGEL	INA	CANTALUP:	I	AUG/28/8	83	6.00P M
3. SEX	4. RACE C Cu		ATE OF BIRTH MONTH DAY YEAR APRIL: 3rd/86	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
78. BIRTHPLACE (STATE OR FOR COUNTRY)			ARRIED NEVER MARRIED	9 BÁLTIMORE CITY OR C		
TTAT,Y	TTAT.Y		DOWER OR OTHER INSTITUTION	BALTO CITY		MD.
FBALTO.	(IF NOT IN SUCI	H FACHITY, GIVE STREET ADDRESS	SS)	(TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
		GIVE RESIDENCE BEFORE ADMIS	SSION)	HOUSEWIRE		
USUAL RESIDENCE (IF NURSIN	BALTO.	BALTO.	134. INSIDE CITY LIMITS?	246 MALLOW H	ILL RD. 21	229
14. FATHER'S NAME FIRST	MIDDLE	LAST	IS. MOTHER'S MAIDEN NA	WE	L)	ASI
160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY N	NO. 17 INFORMANT	ADDRESS		
NO		217/01/832	3 CONCETTA MOSC	A 216 MALLOW	HILL RD 2	1220
Conditions, if ony, gove rise to imme couse (o), storing underlying couse  PART 2. OTHER SIGNI	MMEDIATE CAUSE (0)  DUE TO, OR which ediote the lost.  DUE TO, OR to DUE TO, OR tc)  FICANT CONDITIONS CO	ASSACONSEQUENCE  AS A CONSEQUENCE  ONTRIBUTING TO DEATH	e Left foot (  OF ASC V ) - NO  OF  BUT NOT RELATED TO THE TERM		ON GIVEN IN PART 1	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 196. CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOTE NO YES NO		
VIII. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	LEXAMINER)  HOUR A.A. P.A.  21e. PLACE ( (AT HOME, STRI	M. MONTH DAY Y M.	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)  COUNTY	STATE
220.1 certify that (I) (t sow the deceased above, (I) (we) (dia	this hospital) ottended-the	26 1083	, and that in (my) (our) opinion	, to		, that (I) (we) lost e couses stated
27% SIGNATURE	even 4.	Plas 1	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	C/.	29/83
De Bosica OH	N "H" SHAW		5800 ELM ON	DSON AVE.	CATONSVI	LLE Md.
230. BURIAL, CREMATION, RE (SPECIETY) BURIAL		23c. NAME NELT	OF CEMETERY OR CREMATORY  EDMONDSON	AVE BALTO. Me	соинту	STATE

DHMH-16 60M 1/73 (VR A 15 (4))

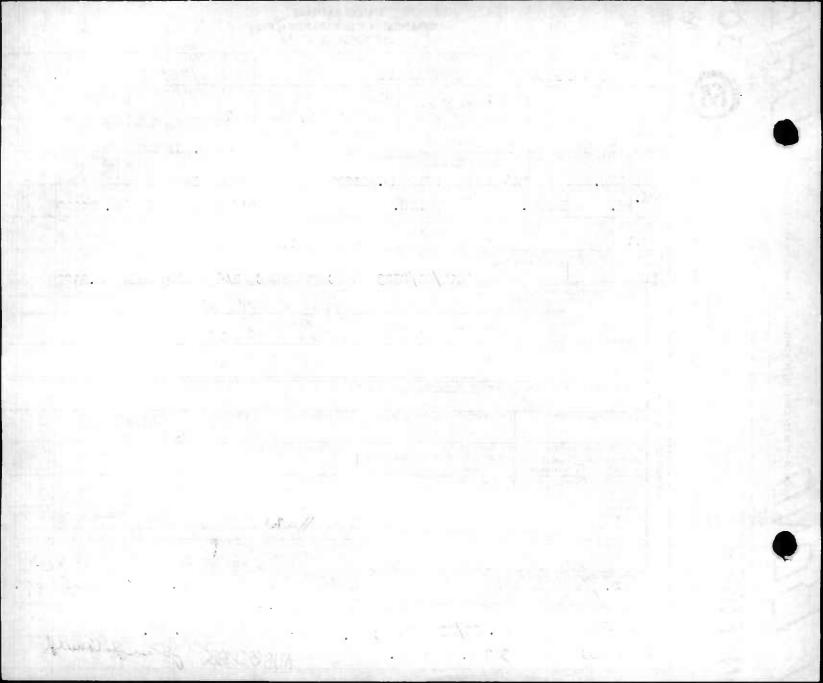
PA FUNERAL DIRECTOR
DEITHA NOCE & SONS 322 S. HTOTH'S ST.

AUG.

BALTO. DSON AVE BALTO. Md.

250. DATE REC'D. BY REGISTRAN 756. REGISTRAN'S SCHATURE

AUG 3 0 1983 EDMONDSON



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fu

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any

injury, ar ather traumatic event, th

and 2 spould be filed with

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	0 0 0			
7		CEASED NAME FIRST OR PRINT) HERBE		MARREN		NTOR	2a DATE OF DEATH	MONTH	31 83	26. HOUR 5:00 AM		
	3. SE)	MALE	CAUC.	ASIAN	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY] YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
3		RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND		S.A.	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	- 13/3/7/04/11/1			MD.		
1	1	BALTIMORE	SINA	HEACILITY, GIVE STREET	ADDRESS)	BALTIMONE	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS MFG • EXECT	OF WORKING	LIFE) INDUSTRY	OTHING		
5	130. 5	AL RESIDENCE (IF NURSING HOME OR TATE MARYLAND BA		GIVE RESIDENCE BEFORE 13c. CITY OR TOW OWINGS M	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 29 CA	VESWU	DOD LAN	<i>E</i> #2111		
2		ISIDOR	MIDDLE	CANTOR	AL.	15. MOTHER'S MAIDEN NA SARA	MIDDLE		GARRÍ			
2		VAS DECEASED EVER IN U.S. AR PES, NO OFFINKNOWN) WWII',	KOREA	214-16-		OWINGS MILL	RS. FERLEDO S, MD 21		APPROX BETWEEN	29 CAVESWOOD LANE		
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (HIGH BLOCK)	(b) DUE TO, O (c)	R AS A CONSEQUE CEREBI R AS A CONSEQUE	NCE OF	ANEURYSM  NOT RELATED TO THE TERA		NDITION G	IVEN IN PART 1:	0		
1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPEN								NGS USED S OF DEATH?		
1	MEDICAL CER	216. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED	HOUR A. P. 210. PLACE	M. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF IN  N/A  CITY OR		( COUNTY	STATE		
	~	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspi sow the deceased alive on abave. (1) (we) (did) (did no	tal) attended the	N/A e deceased from_ 19	AUGU	37 30 , 19 83 nd that in my)(our) opinion	to AUGUS death accurred an the	/ A T 31 date and ha	, 19 <u>83</u> ,	that (I) (we) lost causes stoted		
		22b. SIGNATURE WILLIAM	MI	0	1	DEGREE ATTENDING PHYSICIAN [	MEDICAL ST	AFF SICIAN 🗶	8. 3	81.83		
		WILLIAM M.		, M.D.		SINAI HOSPI	TAL OF B.	ALTTA	NORE, 1	UD.		

DHMH - 16 50M 4/B2

(VRA 15, 4)

(SPECIFY)

SEPT.1,1983

BALTIMORE

COUNTY

STATE

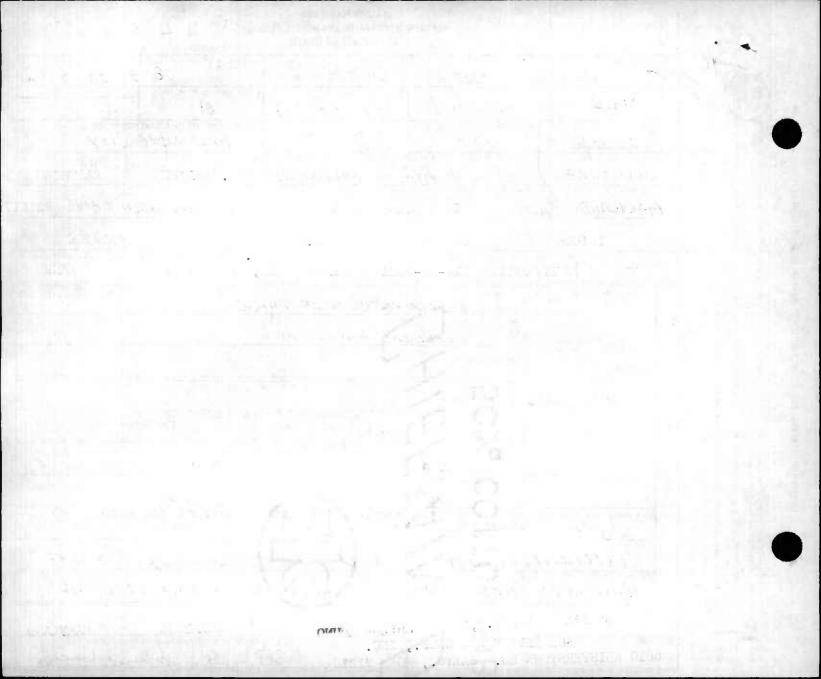
MARYLAND SSIGNATURE S. Coheel 25a. DATE REC'D.

SEPT.1,1983 CHIZUK AMUNO

14 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

SEP 6



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 32 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

0 804

1.	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	08	0 4	
	CEASED NAME HYMAN	MIDDLE	CAP	ZAN	20. DATE OF DEATH	8 /3	SB SEAR	26 HOUR 10:35 AM
3. SE	MALE	E AU CASTA	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  SCOT LAND	CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	MORE		Y MD
10. C	BALTIMORE	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SINA!	IURSING HOME C		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MFG.	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
13a. :	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	Y 13c. CITY OF		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	APT.		21215 R
	PHILIP	IDDLE CAP	LAN	15. MOTHER'S MAIDEN NA/ FIRST  ESTHER	MIDDLE		UNKNO	
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-07-3956	RAYMOND CAPI	ADDR AN 6822 FA		AVE.	#21215
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT COUNTY	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTIN	SEQUENCE OF ASSIVE SEQUENCE OF	CVA	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	2
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V			20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
	270.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not) 27b. SIGNATURE		_19, or	, 19, nd that in (my) (our) opinion of the control of the c	MEDICAL STA	FF		
	22d. PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS	ROMARIC		ALTO	, MD
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 8-15-83		EMETERY OF CREMATORY N TIFERETH ISE	23d. LOCATION CITY OF TOWN RAEL ROSED		OUNTY ALTO.	STATE MD

DHMH - 16 50M 4/B2

BP

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., II 6010 REISTERSTOWN RD., BALTO., MD SOL LEVINSON & BROS., INC. (VRA 15, 4) 21215 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STONATURE

by the attending physical and the carbon papers. Forther common, or removol

to FUNERAL DIRECTOR. After should be detected for use as with the State Dept. of Health

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR	
STATE	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

20605

1	REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO	).	
1	DECEASED NAME FIRST TYPE OR PRINT)  HATTI	€ MIDDLE	ar Gill	20. DATE OF DEATH	8 69 83	12.30A M
3.		Black 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
16	ROEN WILLS	71/1 1 / 1	MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Baltin		MD
42	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	UNS	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 12b. KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR
	SUAL RESIDENCE (IF NURSING HOME OR OTH to: STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS	MONRO	ar 54
Ø.	BENJAMIN MID	DLE 1400D LAST	JAKAK	SA GAR	21	2 2 3
16	WAS DECEASED EVER IN U.S. ARME (YES, 10 OR UNKNOWN) (IF YES, GIVE W		NO. 17. INFORMANT	MADISON	1233 NY	loved
20	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE  (b) POPULATION OF AS A CONSEQUENCE  (c) CONTRIBUTING TO DEAT	I failer	NAL DISEASE OR COND	ITION GIVEN IN PART 1	(a)
CEPTIEICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?
MEDICAL CE		8/8 10 8	211 LOCATION STREET  211 LOCATION STREET  212 (our) appinion de DEGREE  ATTENDING	city or tow	19 Property of the condition of the cond	
	22d PHYSICIAN'S NAME (TYPE OR PR	YEN HUAN	69 220 ADDRESS BON	Lecou.	is Hosp	ital
	BUN.AL	8 1 2/83 Bek	E OF CEMETERY OF CREMATORY	23d. LOCATION	MOR WATER	10 STATE
12	ELIDISTRAL DIRECTOR	638 MORES 9	mm 54 All	612 1983 RAR 2	AECISTRAR'SOIGHA	well

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

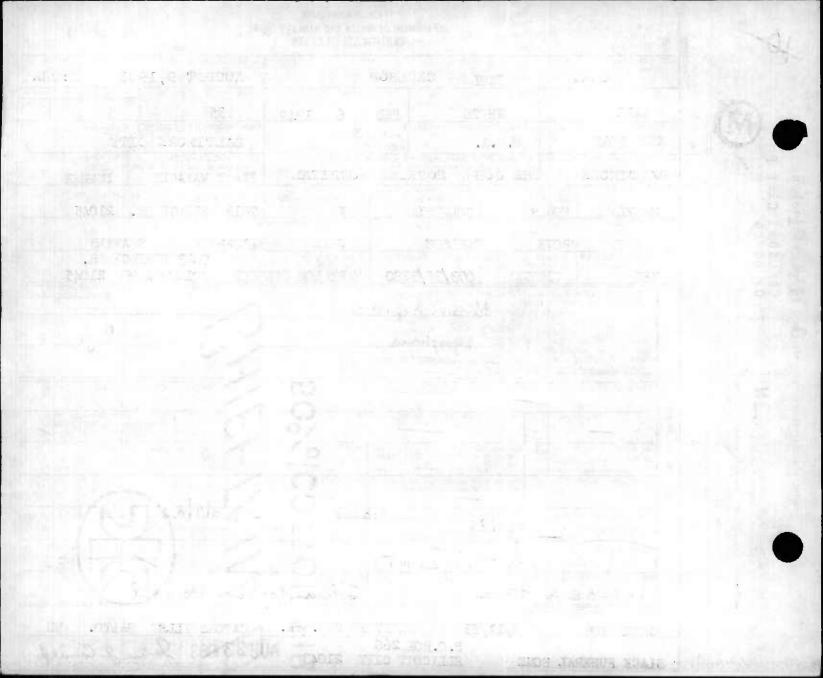
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- 1				

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST	MIDDLE		LAST		ONTH DAY Y	EAR 2b. HOUR
1	(TYPE OR PRINT) CARY	PAUL	CARLSON	J	AUGUST 9	,1983	8:08A M
3	SEX	4. RACE	5. DATE O		AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
4	MALE	WHITE	FER	6 1948	35	YRS.	DAYS HOURS MIN.
7.	a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.		BALTIMORE CITY OR	COUNTY OF DEA	тн
1	NEW YORK	U.S.A.	WIDOWI		BALTIMOR	RE CITY	MD.
1	BALTIMORE	THE JOHNS	HOPKINS	HOSP ITAL	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V PLANT MANAC	VORKING LIFE) INDU	IND OF BUSINESS OR STRY UMBER
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 133. COU	INTY 13c. CI	IDENCE BEFORE ADMISSION) TY OR TOWN LUMBIA	YES NO	30. STREET ADDRESS 7013 DEEPAG	E DR. 2	1045
A	4. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
1	DARWIN GROV		LSON		LIZABETH	SEAMA	
J.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SC IVE WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT		DEEPAGE	DR.
L			3/38/3280	MARY LOU CARI	SON COLUM	NAME OF TAXABLE PARTY.	21045
Г	8 CAUSE OF DEATH (Enter of	inly ane cause per line for	(a), (b), and (c),			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS	TE CAUSE (a) Mass	sive Aspira	TON		2	min
1	2028		CONSEQUENCE OF			61	
1	Canditions, if any, which		mphoma			17	W
1	gove rise to immediate cause (a), stating the				100		0
1	underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF				
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PA	RT I(a
1	90 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE F	
/	- H				YES NO	IN CERTIFYING CA	NO P
7	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURRE		IN ITEM 18 PART 1 OR PA	ART 2)
F 18-2	OR CONTRACTOR CALLER OF DE		ONTH DAY YEAR				
	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJI		21f. LOCATION		Tea	
	MHILE NOT WHILE	(AT HOME STREET, FACT	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUN	TY STATE
1	AT WORK AT WORK		8	8 83 19	10 8 9 8	3 10	, that (1) (we) last
1	220.1 certify that (1) (this hosp saw the deceased alive a	010107		nd that in (my) (aur) opinion de	, 10	and hour and from	
1	abave, (1) (we) (did) (did		eath.	DEGREE			DATE SIGNED
1	TONE )	1	- "	ATTENDING _	MEDICAL STAFF		819173
+	22d. PHYSICIAN'S NAME ATYPE	-/1. 15	7 - MD	PHYSICIAN   22e. ADDRESS	DIRECTOR PHYSICIA	N	01183
1	PATRYCE A			1	Lines Hose		
4				Frhm Hop		MIM	
2	30. BURIAL, CREMATION, REMOVA	1 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF YOWN	COUNTY	STATE

DHMH - 16 50M 4/82

CREMATION 24 FUNERAL DIRECTOR (VRA 15, 4) SLACK FUNERAL HOME P. O. BOX 268
ELLICOTT CITY 21042

21043



completely filled in by the funeral directors of and 2 should be filed within 72 hours of

marked or Item 18 shaws any injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been si

retained by the haspital

	FOR
-	STATE
	DECISTRAD

# STATE OF MARYLAND

1	-1 -	STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO	).			
		CEASED NAME FIRST MICHAE	EL Stuart	C	AROUGE		8-	18-83	2b. HOU	R SO AM
	3. SEX	MALE	CAUCA SIAN	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	IF UNDER	24 HRS MIN.
5	7a. BII	RTHPLACE (STATE OR FOREIGN POLITICAL STATE POLITICAL ST	U.S.A.	MARRIE WIDOWE		CITY	COUNT	Y OF DEATH		MD.
7	BA	ALTIMORE	MERCY HO	SP/1	AL	TYPE OF WORK FOR MOST OF		LIFE) 125. KIND O INDUSTRY N/A		SSOR
5	130 A	AL RESIDENCE (IF NURSING FOME OR O		N .		13. STREET ADDRESS 8548 PINE	Ru	N cou	27	3
0	JA FA	IICHAEL KE	EVIN CAROU	GE	LAURA	Louise		Healy		
3		VAS DECEASED EVER IN U.S. ARM (ES, NOOR UNKNOWN)	WAR OR DATES)  None	IRITY NO.	Michael Kev	Ellicott City in Carouge,			Run (	Ct.
		Conditions, if ony, which gove rise to immediate couse (or, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  (c) SEVER  ONDITIONS CONTRIBUTING TO.	ENCE OF	EMBRANE PAVENTRICUL REMATUR	ITY	DRRK	3/2	2 de	mys mys
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH			200 AUTOPSY?  YES NO X	20b. IF YE	ES, WERE FINDIN IFYING CAUSES 'ES []	GS USE	H?
7	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19	21t LOCATION STREET	RED (ENTER NATURE OF INJUR		PART   OR PART 2)	s	TATE
		22e. I certify that (I) his hospito saw the deceased alive an obove. Di (we) (did) (did not) 22b. SGNATURE	8-19 100	net .	4 , 19 83 and that in (my)(our) opinion (	to 8 - 18 death occurred on the do	te and ha			
1		MULIAUL A.  1274. PHYSICIAN'S NAME (TYPEOR)  MICHAEL S	HANKS	14	D. ATTENDING PHYSICIAN E	MEDICAL STAF		8-10RE, N	18-1	93

DHMH - 16 50M 4/82

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

231 AME OF CEMETERY OR CREMATORY

736. LOCATION
CITY OR TOWN
Timonium, Balto. Co., Md.
3C'D. BY REGISTRAR 756. REGISTRAR'S SIGNALURE.

Burial 8/19/93 Dulaney Valley Cem. Ti runeral director Marks Delaney Timonium, Md. 20098CD. Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd. AUG 1 9

(VRA 15, 4)

MAN WALL STATE Land of the State 

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executed within 24 hours after death. Page 4 may be

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

BP

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of once

STATE OF MARYLAND

BENEFIT OF HEALTH AND MENTAL HEALTH

67%	23	- 19	3000	- 4
2	13	3	0	-
80120	430	40		

1 - STATE REGISTRAR	84.0		IFICATE OF DEATH	REG. NO.	0 0 0	0
. DECEASED NAME FIRST	MIDDLE	1 0	LAST	20. DATE OF DEATH	ONTH DAY YEAR	26. HOUR
James	AUGUS	it Cai	rigan		0-16-8	57: AM
. SEX	4. RACE		E OF BINTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
Male	White		tember 28.1906		YRS.	
O. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
Maryland	United St		WED DIVORCED	Baltimor	- 1	MD.
O. CITY OR TOWN OF DEATH		ITAL, NURSING HOM	E OR OTHER INSTITUTION	120. USUAL OCCUPATION		O OF BUSINESS OR
Battimore	J. L. Decot	on Med. Ce	enter	Maintenanc		ci. City.
JSUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSIO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Maryland -		ltimore	YES NO	411 S. Ann	e St. (21	.231)
4. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME		LAST
John	P.	Carrigan	Eva	-	Lukasze	wska
60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. (	SOCIAL SECURITY NO	. 17. INFORMANT	ADDRES	S	33.50
NO -	21	.2-20-6799	Mrs. Rita Lun	msden / 1754	Bank St.	06-6-
Canditions, if ony, which gove rise to immediate cause Ia1, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS (c) CONDITIONS CONTR		Necrofe  Mecrofe  Minor Related to the term  TION WAS PERFORMED	20a AUTOPSY?	ne	DINGS USED
E L				YES NO Z	YES 🗌	NO [
OR CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING OR CAUSE OF DI  OR C	ER) P.M.  210. PLACE OF IN  1 AT HOME, STREET, FA	MONTH DAY YEA	9 21f. LOCATION	CITY OR TOWN		STATE
220.1 certify that the this has saw the deceased alive o abave, (I) (we) (did) (did n	n 8/60	1983	, and that in try (our) opinion of	death accurred on the date	e and haur and fram t	, that (we) last the causes stated
22b. SIGNATURE	Had	lu j	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR FRYSICIA	10	TE SIGNED
22d. PHYSICIAN'S NAME ITYPE	OR PRINT)		22ª ADDRESS			
J.R. Gladue			611 S. Ch	marles St./		
23a. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial			r CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	COUNTY	Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical examiner must be natified

24 FUNERAL DIRECTOR
NAME
Lilly & Zeiler Inc. 1901 Eastern Ave. (21231

Burial

AUG 1 9 183

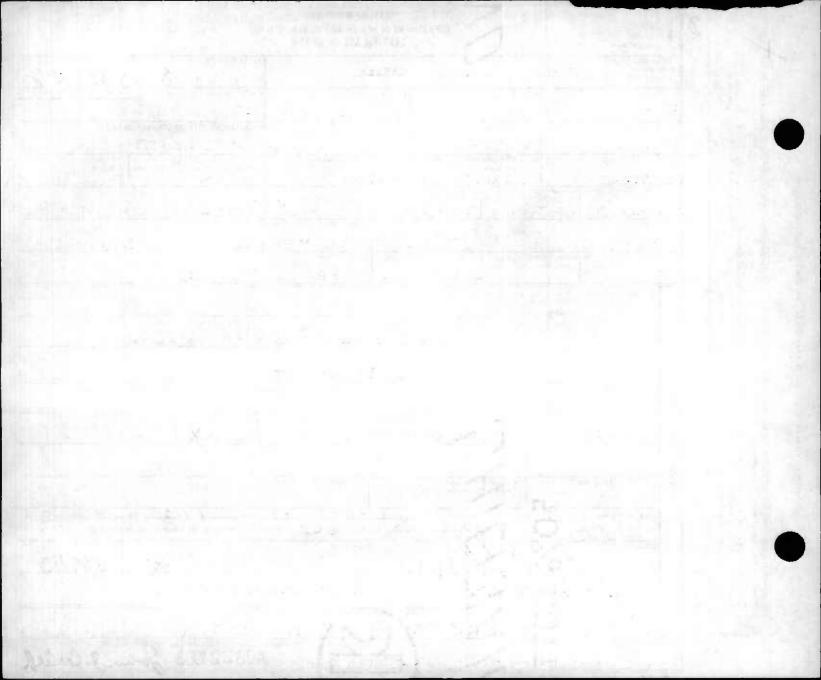
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARBYGIENE

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	CEASED NAME FIRST	RLY E.	CARTER	20	DATE OF DEATH MONTH	DAY YEAR 2b I	HOL	
DEVERLI					8	15 83 1	11	
3. SE	Х	4. RACE	5. DATE OF BIRTH	DAY YEAR	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOL	URS	
1	ZLAMS	WHITE	FEB. 2	6, 1934 1		RS.		
TARYLAND		76. CITIZEN OF WHAT CO	OUNTRY? 8.	IEVER MARRIED .	9. BALTIMORE CITY OR COUNTY OF DEATH			
		U.S.A.	WIDOWED	DIVORCED []	BALTIMORE C			
/	ALTIMORE	(IF NOT IN SUCH FACILITY.	, NURSING HOME OR OTHE GIVE STREET ADDRESS) PRIAL HOSPITAL	(1)	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKI LERK	ING LIFE) INDUSTRY	ISINE	
13a. 3	STATE 136,CC	DUNTY 13t. CITY			STREET ADDRESS	RLZYCIRCL	٤.	
15	ATHER'S NAME FIRST	MIDDLE P. ST	LAST 15. MO	THER'S MAIDEN NAME		SPANG	12	
	WAS DECEASED EVER IN U.S. (YES; NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOC GIVE WAR OR DATES) 219	10 1902 17. INF	FAMILY F	ADDRESS SICORDS			
	PART I. DEATH WAS CAL	r only one couse per line for (c USED BY: DIATE CAUSE (c)	5, (b), and (c).) 5EP515			APPROXIMATE BETWEEN ONSET	INTER	
	Conditions, if ony, which		NECTED GAI	NERENOUS (R	BKSTUMP BE	Foot		
NC	gove rise to immediate couse (a), stating the underlying couse last.	(b)	NFECTED 6AM DISEQUENCE OF NCONTROLL	ED DM				
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	PUFECTED SAID  POSSEQUENCE OF	ED DM  LATED TO THE TERMINAL  PERFORMED	DISEASE OR CONDITION	F YES, WERE FINDINGS LERTIFYING CAUSES OF D	DEAT	
CAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICATE 19a. DATE OF OPERATION	DUE TO, OR AS A CO  (c)  NT CONDITIONS CONTRIBUT  19b. CONDITION FO  INFECTEUR  21b. TIME OF INJURY HOUR A.M. MOI	ONSEQUENCE OF WEINTROLL ING TO DEATH BUT NOT RE	ED DM  ELATED TO THE TERMINAL  PERFORMED  O	DISEASE OR CONDITION  100 AUTOPSY?   20b   IN CI	FYES, WERE FINDINGS I ERTIFYING CAUSES OF D YES NO	DEAT	
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DHMH - 16 50M 4/82 (VRA 15, 4)



ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

BP.

retained by the haspital or attending physician.

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1	FOR - STATE		DEPARTMENT OF HE	ALTH AND MENTAL THY	OTEIVE			
	REGISTRAR		CERTIFIC	CATE OF DEATH 3	Y SF REG	产 名		45000
DE	CEASED NAME FIRST	MIDDLE	2 LAS	11 /	20 DATE OF BEATH		Wald Welder	AL HOUR
	E OR PRINT)			A Contract of the Contract of	TOUR OF WEATH	Pm	. 00	200
	IREME	Ç.,		erter		8- 12	2 83	JAM
3. SE	X	4. RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FERRACE	BLACK	MONTH	DAY YEAR	63	MC	ONTHS DAYS	HOURS MIN.
	700 40-	10	2	56 50		YRS.		
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	VINGININA	452	WIDOWED		0	ta ca	Prace	MD MD
10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPIT	AL NURSING HOME OR		12a USUAL OCCUPA	ATION	TIPE KIND O	F BUSINESS OR
10. C	OR IOWN OF DEATH		Y, GIVE STREET ADDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOS			P BUSINESS OR
	DAG WORK	· clave	f hayland	Assimter.	decest	ed .		
	AL RESIDENCE (IF NURSING HOME O		DENCE BEFORE ADMISSION		1			21
130. 3	STATE 13b. COL	JNTY 13c. CI	TY OR TOWN	38. INSIDE CITY LIMITS?	13e. STREET ADDRES	5001	0. 25	1001
	mel	25,	2110.	YES NO	1 GV.	J. Cha	-03 J	H_
4. FA	ATHER'S NAME		LAST	5. MOTHER'S MAIDEN N	AME			
	PIRST	TAMOS K	a note	TA	2 FN= MIDDLE	101	50/50	-/
1- 1	WAS DECEASED EVER IN U.S. A	DUED FORCESS 114 SC	OCIAL SECURITY NO.	7 INFORMANT	ADD	ORESS	11430	~
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	CIAL SECURITY NO.	- 2		2 2 3	11 0	
	NO	0.5		total prom	1 250	0 -0 1-	and I	Lund
	18. CAUSE OF DEATH (Enter of	andre one en use per line for	(a) (b) and (c) 1				APPROXII	MATE INTERVAL
	PART I. DE ATH WAS CAUS	SED BY:	101, 101, 0110101	d. 2 50.4			BETWEEN	INSET AND DEATH
	IMMEDIA	ATE CAUSE (o)	An- Hr	Jan				
	5/40	DUE TO OR AS A	CONSEQUENCE OF					
	Conditions, if ony, which	( ,,,	2 Way	zele-e-				
	gove rise to immediate	(D)	-/ 0					
	couse (o), stoting the	DUE TO, OR AS A	, OR AS A CONSEQUENCE OF					
	underlying couse lost.	( (c)						1.1
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
Z	sun cenella	1	1.	A				
150	M	- Casion	· acces		T	Tool IF ME C	MERE SINIS	
CA	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
E					YES NO	YES		NO 🗆
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJURY OCCU	RRED (ENTER NATURE DE	IN ITEM 18 PAR	RT 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	- 110110 4 14 14	ONTH DAY YEAR		/	And the same		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	19						
69	21d. INJURY OCCURRED	11d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOWN COUNTY			STATE
Z	WHILE NOT WHILE	(AT HOME, STREET, FAC	ORY, OFFICE, FARM, ETC.)	SINCE		CHYOKIOWN		
	AT WORK AT WORK		sed from 6/4	*	7	13	. 83	
	22a.1 certify that (1) (this has	0/1.	ried Holli		> , to	. 1	7	that (1) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did n	on of co	19 3, ond	that in (my) (our) opinio	n death occurred on the	date and hour	ond from the	couses stated
	226. SIGNATURE	and the stay street of		GREE			22c. DATE	SIGNED
	C-10 1	. 1		ATTENDING		TAFF	0-1	1183
	2 mila	m dr.	-40	PHYSICIAN	DIRECTOR PHY	SICIAN .	1	.,
	224 PHYSICIAN'S NAME (TYPE		THE STATE OF THE	22e. ADDRESS				
	1 1 1	4 61 1 2						

230. BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION RESTRICT OR TOWN PARK KANAY 256. DATE REC'D. BY REGISTRAR AUG 1 6 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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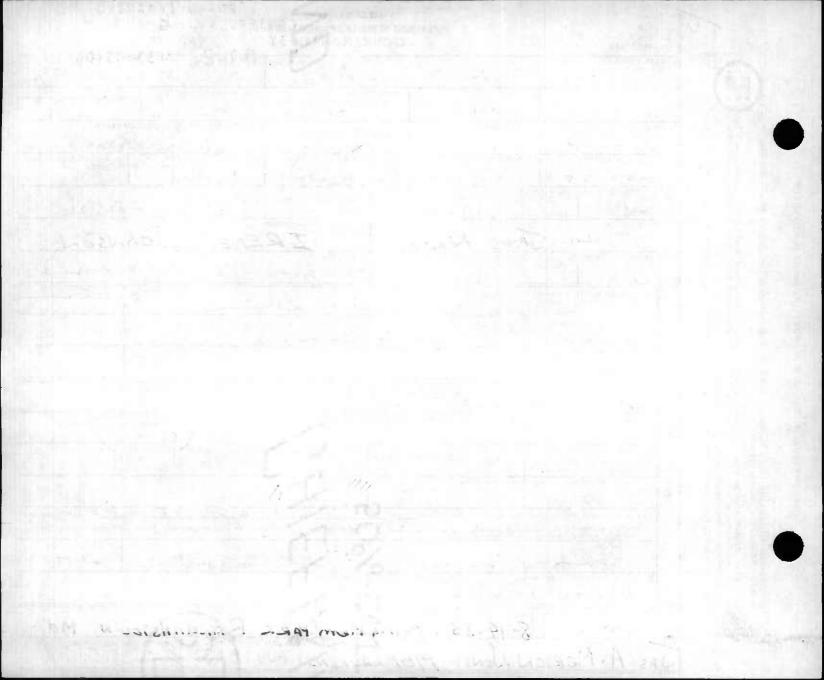
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injury, or other troumotic event, the

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IMPORIANT: If Hem 21 is morked or Hem 18 shows

MORTON



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	10.				
	CEASED NAME FIRST		MIDDLE	-	AST	2	a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
(TYPE	PATRIC	1.4	A	6.00	ZTER			8	26	83	1:50 AM	
1. SE		4. RACE	-	5. DATE C	OF BIRTH	6.	AGE (IN YEARS LAST B	IRTHDAY)		DER 1 YEAR		
	F	1	N	MONTH	20 49		33	YR	S.	HS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9.	BALTIMORE CITY	OR COU	NTY OF	DEATH		
	country) est Germany	No.	SA	WIDOWE			BA	LTIM	SRE	Cir	MD.	
	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION		20. USUAL OCCUPAT			26. KIND (	OF BUSINESS OR	
1	BALT	UNI	V. 0F 1	MARY	LAND HOSP		SECKETA			A .	Space	
USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS	52 113	Be, STREET ADDRESS			3	10 44	
	MARYLAND HOW		COUNTIE		YES NO		1 -	MIS	TY	ARCH	+ RUN	
	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE			LA	ST	
	William E	Ilswor	th Bubl	5ti	Devot	19	Mar			No	ash	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDI		TIST	ARC	HRUN	
	No.	TE WAR OR DATES,	535-54	-9465	DAVID J.	LAR	TER CO	LUM	BIA	MO	21044	
	18. CAUSE OF DEATH (Enter or	nly one cause per	line far (a), (b), and	(c+,)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	Kespira	long	arrest					10 mm		
	DUE TO, OR AS A CONSEQUENCE OF									2		
	Conditions, if any, which (b) Interceicheal German Commen									2 mo		
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF ,								383			
	underlying cause last. (c) Hypertension 1 Drabetes											
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ē		171011 500 111011	TOP AUTOPSY I				I 20h IS	206. IF YES, WERE FINDINGS USED				
CERTIFICATION	IN CERTIFY							YING CAUSES OF DEATH?				
1 1	21g. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCC	CURRE		IURY IN ITEM				
	OR CONTRIBUTING CAUSE OF DE	AIH	.M. MONTH DA .M.	Y YEAR								
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION		CITY OR 1	OWN		COUNTY	STATE	
ME	WHILE NOT WHILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC )	STREET		CITYOR	OWN		6001411	SIAIE	
	22a.1 certify that 14 (this hosp	ital) attended th	ne deceased from	7/12	19 8	33	, to 8/26		, 19	83	, that (Ne) last	
	saw the deceased alive an 21 19 3 , and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (f) (we) (did) (did-not) view the body after death.											
	77b. SIGNATURE DEGREE									22c. DATE SIGNED		
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									8 24 83.		
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 228 ADDRESS								27			
	Harry A.	Bream	or My		Uni	V	or Man	CYLA	WD	Ho	er c	
23a.	BURIAL, CREMATION, REMOVAL			AME OF	CEMETERY OR CREMATO	ORY	23d. LOCATION			A	STATE	
1	REMATION	8-2	7-83 W	ESTVI	EN MEM. 7	PK.	CATONSI	1/666	- 1	49MI	more Mi	
	UNERAL DIRECTOR		ADDOP:	0 , BC	× 268 25a.	DATE I	REC'D. BY REGISTRA			'S SIGN	URE	
1	LACK FUNERAL	Home	E L L	IRENT	City MD 2104	LAY	G301983	10	an,	900	muy	
						-						

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, at other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physicion. A PRINCIPLE OF THE PARTY OF THE PARTY AND TH The state of the s September 1 - Se Bulling and I are the foreign of the many the many the Comment of the many STORT THE STORY OF THE PARTY NAMED IN

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, th

With the Date auge.

[MPORTANT: If them 21 is morked or them, 18 shows ony

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

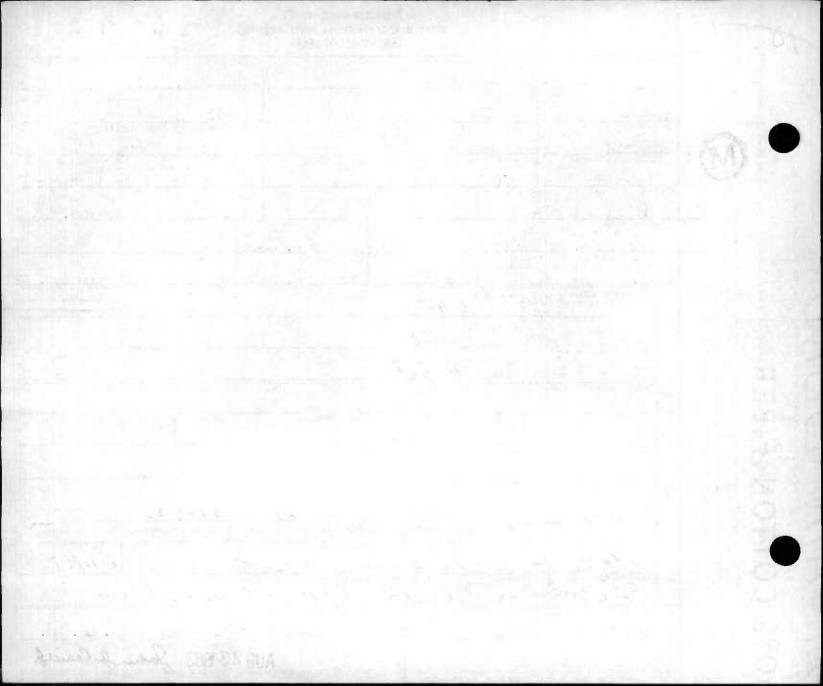
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2	U	उ	- 1	La

	FOR STATE REGISTRAR			OF HEALTH AND		ENEJ 2	0 3 1	2	
	1. DECEASED NAME FIRST	MIO	DLE	LAST			MONTH DAY YE	AR 2b HOUR	
	(TYPE OR PRINT) Elmer C.	Mc Caule	2V			August 19.	1002		
	3. SEX	4 RACE		ATE OF BIRTH		AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
	Male	White		ay 22, 19		73		DAYS HOURS MIN.	•
1	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	RRIED   NEVER		BALTIMORE CITY O		н	,
2	Maryland	USA			VORCED 🗌	Baltim	ore City	MD.	
1	10 CITY OR TOWN OF DEATH		SPITAL, NURSING HO		NOITUTION	12a USUAL OCCUPATI	ON 176. KIN	ND OF BUSINESS OR	
1	Baltimore	3027	Huntingdon	Avenue		Maintenand	e l	Electrical	
	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO	UNTY I3	e residence before admiss c. City or town Baltimore	13d INSIDE O	ITY LIMITS?	3e. STREET ADDRESS	ntingdon	Ave. 2121	1
	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER	MAIDEN NAM	E			-
C	Arthur M. Mc		CAST	Fmm	a G. He	MIDDLE		LAST	
٦	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY N			ADDRE	\$5		
	(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	213 09 2560	SA Arthu	r M. Mc	Cauley 291	9 Hunting	don Ave. 21	2
	18. CAUSE OF DEATH (Enter		for (a), (b), and (c),	21111111		addicy 27		PROXIMATE INTERVAL	-
	PART I. DEATH WAS CAU	SED BY:	CHE				ar.	EEN ONSET AND DEATH	
1	3190		S A CONSTOURNES	\r_					
1	Conditions, if any, which	DUE TO, OR A	S A CONSEQUENCE C	)F					
	gove rise to immediate couse (0), stating the	OUE TO OR A	s a consciolismos	le.	77.7				
	underlying couse lost	DUE TO, OR A	SACONSEQUENCE	OF .			10.00		
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	JAI DISEASE OR CONI	OITION GIVEN IN PAR	PT 1/0	-
2					TO THE TERMIN	THE DISEASE ON COIN	THE OWEN IN THE		
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITIO	N FOR WHICH OPERA	TION WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED USES OF DEATH?	
4	210, ACCIDENT WAS UNDERLYING	21b. TIME OF IN	HUDV	21. 11014/16	HIRV OCCUPAN	YES NO	YES 🗌	NO 🗌	D
		U		AR ZIC HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	T 2)	
	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	)N	CITY OR TO	VN COUNTY	Y STATE	
	220.1 certify that (I) (this has	7 / 0	eceosed from		1987	. to 7/13	19	, that (I) (we) lost	,
	saw the deceased alive of above, (1) (we) (did) (did)	not) view the body offi	er death	ond that in (my)	(our) opinion de	oth occurred on the do	te and hour and from	the causes stated	
ı	276 SIGNATURE	1//	100	DEGREE				ATE SIGNED	•
	Malue	4 COL	ley c	en '	TTENDING PHYSICIAN	MEDICAL STAF		22/43	
	224 PHYSICILATS NAME ITHE	Cot Minuti		22e ADDRES	S		25		
	STE 345	y for	OLLOC4	27	24 hi	Charle:	Sier		
1	230. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢ NAME (	OF CEMETERY OR	REMATORY	23d LOCATION			
	Entombment	8/23/83	Druid	d Ridge C	emetery	Pikesvill	e, Balto.	Co. Md.	
	24 FUNERAL DIRECTOR		THE CONTRACT		25a. DATE	REC'D. BY REGISTRAR			
		Home, 363:	AUDRESS			JG 23 1983	11 - 0	47	

DHMH - 16 50M 1/87 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING retained by the hospital or off



IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ha	U	ů		V

(TYPE O	ASED NAME FIRST						
		WIDDLE	LAST		26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	Lucy	L. Champness			8/24/83		
3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Fer	male	White	7/22/	1887 YEAR	96 YF		HOURS MIN
	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	EVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
Ba.	Ito., MD	USA	WIDOWED	DIVORCED []	Baltimore (	City	A
	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHE		120. USUAL OCCUPATION	126. KIND O	F BUSINESS O
Ba]	Lto., City	Hamilton Nur	sing Cer	nter	Home Maker	4G LIFE) INDUSTRY	
USUAL	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)				
13a. ST/	ATE 136. COUNT Balt		City YES	SIDE CITY LIMITS?	130. STREET ADDRESS 28822 Clifto	n Dawle D	Помм
	HER'S NAME	o.   Darto.		THER'S MAIDEN NA		DIS	terr.
	FIRST	MIDDLE LAST		FIRST	WIDDLE	LAS	T
14 111		Champness	0.777.100 1.7.00.15		E. Senner		
		MED FORCES? 166. SOCIAL SECU		ORMANT	ADDRESS		
		213-48-	T/23				
1	L CAUSE OF DEATH (Enter of	ly one couse per line for (a), (b), on D BY:	d (c).			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI, DEATH WAS CAUSE		ASCV	D		Hea	NS.
	4274	DUE TO, OR AS A CONSEQUE	ENCE OF				
	Conditions, if ony, which	(b)					
	gove rise to immediate cause (a), stating the		ENICE OF				
	underlying cause last.	DUE TO, OR AS A CONSEQUI	ENCE OF				
		, 161					
F	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	31
	PART 2. OTHER SIGNIFICANT	CVA . [	DEATH BUT NOT RE	WITT.	INAL DISEASE OR CONDITION	GIVEN IN PART 116	1
	PART 2. OTHER SIGNIFICANT	CVA  196. CONDITION FOR WHICH	alutes	mette	700 AUTOPSY? 206,4F	YES, WERE FINDIN	NGS USED
	3/1	CVA, 5	alutes	mette	200 AUTOPSY? 206 IF	YES, WERE FINDIN	NGS USED OF DEATH?
	3/1	196. CONDITION FOR WHICH	Dialutes OPERATION WAS	PERFORMED	200 AUTOPSY? 206 U	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED
CERTIFICATION	90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED OF DEATH?
CERTIFICATION	90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINES	196. CONDITION FOR WHICH	OPERATION WAS  AY YEAR  19	PERFORMED  OW INJURY OCCURI	200 AUTOPSY? 206 U	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED OF DEATH?
REDICAL CERTIFICATION	90. DATE OF OPERATION  R10. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  LIFE EITHER, NOTHEY MEDICAL EXAMINED  R10. IN JURY OCCURRED	196. CONDITION FOR WHICH	OPERATION WAS  AY YEAR  19  211, LC	PERFORMED	200 AUTOPSY? 206 U	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	98. DATE OF OPERATION  FIG. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- LIFE EITHER, NOTIFY MEDICAL EXAMINES  FIG. IN JURY OCCURRED  WHILE NOTIFY ALTHORY AT WORK	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  211, LC	PERFORMED  OW INJURY OCCURI	200 AUTOPSY? 200 HT CE YES NO TREE NATURE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES (18 PART 1 OR PART 2)	NGS USED OF DEATH? NO
MEDICAL CERTIFICATION	98. DATE OF OPERATION  PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE) INDIVIDUAL CAUSE WHILE AT WORK 278.1 certify that (I) (this hospi	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  211, LC	PERFORMED  OW INJURY OCCURION STREET	200 AUTOPSY? 200 HT CE YES NO TOWN  CITY OR TOWN	YES, WERE FINDING CAUSES YES (18 PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	90. DATE OF OPERATION    10. ACCIDENT WAS UNDERLYING     OR CONTRIBUTING   CAUSE OF DE.   IF ETHER, NOTIFY MEDICAL EXAMINES    11. IN JURY OCCURRED  WHILE   NOT WHILE     AT WORK   AT WORK    220.1 certify that (I) (this hosp)   sow the deceosed olive on obove, (I) (we) (did) (did no	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM ETC)  21f. LC	PERFORMED  OW INJURY OCCURI  OCATION STREET  Ty  Th (my) (our) opinion	200 AUTOPSY? 200 HT CE YES NO TREE NATURE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES (18 PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTMENT OF THE PROPERTY OF THE	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE	PERFORMED  OW INJURY OCCURI  OCATION STREET  T 9 TO (my) (our) opinian	20a AUTOPSY? 20b. PRED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES (18 PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lacauses stated
MEDICAL CERTIFICATION	90. DATE OF OPERATION    10. ACCIDENT WAS UNDERLYING     OR CONTRIBUTING   CAUSE OF DE.   IF ETHER, NOTIFY MEDICAL EXAMINES    11. IN JURY OCCURRED  WHILE   NOT WHILE     AT WORK   AT WORK    220.1 certify that (I) (this hosp)   sow the deceosed olive on obove, (I) (we) (did) (did no	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM ETC)  21f. LC	PERFORMED  OW INJURY OCCURION STREET  19  In (my) (our) opinian  ATTENDING	200 AUTOPSY? 200 HT CE YES NO TOWN  CITY OR TOWN	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lacauses stated
MEDICAL CERTIFICATION	90. DATE OF OPERATION    10. ACCIDENT WAS UNDERLYING     OR CONTRIBUTING   CAUSE OF DE.   IF ETHER, NOTIFY MEDICAL EXAMINES    11. IN JURY OCCURRED  WHILE   NOT WHILE     AT WORK   AT WORK    220.1 certify that (I) (this hosp)   sow the deceosed olive on obove, (I) (we) (did) (did no	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE  MO	PERFORMED  OW INJURY OCCURION STREET  19  In (my) (our) opinian  ATTENDING	200 AUTOPSY? 200 IN CE YES NO TOWN  CITY OF TOWN  The death occurred on the date and	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lacauses stated
MEDICAL CERTIFICATION	90. DATE OF OPERATION  110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP. (IF ETHER, NOTIFY MEDICAL EXAMINET  111. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINET  WHILE NOTIFY MEDICAL EXAMINET  212. Secretify that (1) (this hospi sow the deceased olive on above, (1) (we) (did) (did no 228. SIGNATURE	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE  MO	PERFORMED  OW INJURY OCCURI  OCATION STREET  TO (my) (our) opinion  ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN CE YES NO TOWN  CITY OF TOWN  The death occurred on the date and	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lacauses stated
WEDICAL CERTIFICATION	90. DATE OF OPERATION  100. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP. (IF ETHER, NOTIFY MEDICAL EXAMINE)  11d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  12d. Certify that (I) (this hosping to the deceased olive on above, (I) (we) (did) (did no 22%. SIGNATURE  12d. PHYSICIAN'S NAME (TYPE CAUSE)	I 19b. CONDITION FOR WHICH  I 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  tal) attended the decreased fram  ty view the body attended the decreased fram  R PRINT)	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE  MO  220 AI	PERFORMED  OW INJURY OCCURI  OCATION STREET  TO (my) (our) opinion  ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN CE YES NO TOWN  CITY OF TOWN  The death occurred on the date and	COUNTY  Aur and from the	NGS USED OF DEATH? NO  STATE that (I) (we) la causes stated SIGNED
WEDICAL CERTIFICATION	90. DATE OF OPERATION  100. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP. (IF ETHER, NOTIFY MEDICAL EXAMINE)  11d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  12d. Certify that (I) (this hosping to the deceased olive on above, (I) (we) (did) (did no 22%. SIGNATURE  12d. PHYSICIAN'S NAME (TYPE CAUSE)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F tal) attended the decrased fram (b) view the body attended the decrased fram (c) view the body attended the decrased fram (d) view the body atten	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE  WAS  216. HG  216. AC  220. AC  220. AC  NAME OF CEMETER	PERFORMED  OW INJURY OCCURI  CATION STREET  TY E  THE MATTERN DING PHYSICIAN DDRESS  TY OR CREMATORY	200 AUTOPSY? 200 AUTOPSY? TO CE  YES NO TOWN  CITY OR TOWN  CITY OR TOWN  AMEDICAL STAFF  DIRECTOR PHYSICIAN CITY OR TOWN  236. LOCATION  CITY OR TOWN	COUNTY  Aur and from the	NGS USED OF DEATH? NO  STATE that (I) (we) la causes stated SIGNED
WEDICAL CERTIFICATION	PRIOR DATE OF OPERATION  PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP.  (IF ETHER, NOTIFY MEDICAL EXAMINET  PIG. IN JURY OCCURRED  WHILE AT WORK  PIG. CEPTIFY HOT (I) (this hospi sow the deceased olive on above, (1) (we) (did) (did no 272b. SIGNATURE  PIG. PHYSICIAN'S NAME (TYPE CAUSE)  RIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 1) view the body after death.  23b. DATE 8/26/83  B.	OPERATION WAS  AY YEAR  19  ARM ETC)  DEGREE  WAS  216. HG  216. AC  220. AC  220. AC  NAME OF CEMETER	PERFORMED  OW INJURY OCCURION  COCATION  STREET  TO (my) (our) opinion  ATTENDING PHYSICIAN DEPHYSICIAN DEPHYSICIA	200 AUTOPSY?  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN D  236. LOCATION	COUNTY  Part I or Part 2)  COUNTY  COUNTY	STATE  that (I) (we) laccauses stated  SIGNED

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### executed within 24 hours o TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

DEPAR	ST A	HEALTH	AND A	MENT ALTH	YGLENE
	CERT	<b>IFICAT</b>	E OF D	EATH	

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IDECEASED NAME   1925   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825   1825	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
FEMALE   19   18   18   18   18   18   18   18			7	M.D.OV.E	Ċ	4	20. DATE OF DEATH	**************************************	YEAR 2b	). HOUR
ADDRESS   DOOR	3. SE	7 .			MONTH	DAY YEAR		MON		
INTEGRATE   INDUSTRY	CA	RROLL Co. Mo	4.5	. 4	WIDOWE	D DIVORCED	BALTIM	ORE C	7174	MD.
THE PATTER SIGNATION IS COUNTY OF INJURY OCCURRED CONTRIBUTIONS OPERATION WAS PERFORMED TO CONTRIBUTIONS CONTRIBUTIONS OPERATION WAS PERFORMED TO CONTRIBUTIONS CONTRIBUTIONS OF PART TO CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSES OF PEATTH TO CONTRIBUTIONS CAU	ki	ALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET A	OORESS)		(TYPE OF WORK FOR MOS	OF WORKING LIFE)		USINESS OR
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 37.376  18. CAUSE OF DEATH LETTER ONly one couse per 187 for Ion 181, and Ic.  PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE IO)  18. CAUSE OF DEATH LETTER ONly one couse per 187 for Ion 181, and Ic.  PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE IO)  18. CAUSE OF DEATH LETTER ONLY ON THE ION COUNTY IN IMMEDIATE CAUSE IO)  19. PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE IO)  19. PART 2. OTHER SIGNIFICANT COUNTY IN IC.  19. PART 2. OTHER SIGNIFICANT COUNTY IN IC.  19. PART 2. OTHER SIGNIFICANT COUNTY IN IC.  19. CAUSTON OF COUNTY IN IC.  19.	13a. S	TATE 136. COU		13c CITY OR TOWN	1	YES NO	401 TENN	SYVANIA	AUF	21201
18. CAUSE OF DEATH Enter only one couse per mile for 10 [16], and 10   18   19   19   10   10   10   10   10   10	S	FIRST FINUEL	CHA	755		QUEEN	14 CIT	The second secon		
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  OUR TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  DUE TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  DUE TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  DUE TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  DUE TO, GRAS A CONSEQUENCE OF ATORY DISTRESS SYNDROCC 7 days  PART 2 OTHER SIGNIFICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  186 PART 6 OF PERAION 186 CONDITIONS CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING		YES, NO OR UNKNOWN) (IF YES, GI		166 SOCIAL SECUR	RITY NO.		A		ALLWO	00 27
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  [IF EITHER NOTIFY MEDICAL EXAMINER]  P.M. P.M. 19  21d. INJURY OCCURRED  NOT WHILE AT WORK  220. I certify that (I) (the Inospital) or use of deceased from the AT WORK  220. I certify that (I) (the Inospital) or use of deceased from the dots on the deceased from the causes stated above. (I) (wy) (dd) (dd) (dd) (dd) (dd) (dd) (dd) (d	FICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFIC N	DUE TO, O	RAS A CONSEQUEI POUT (TE CATCLYOUT ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	NCE OF CEATH BUT	ATORY DISTR 2 f the Storm NOT RELATED TO THE TERM IN WAS PERSPRIED	ESS SYN	NDITION GIVEN  20b. IF YES, W IN CERT IFY IN	VERE FINDINGS	F DEATH?
BURIAL 9-3-83 BALTIMARE CAM BALTIMORE MAS		OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE ALWORK ALWORK 220. I certify that (I) (this has sow the decrosed alve a above, (I) (we) (did) (did) 22b. SIGNATURE	HOUR A. R) P. 21e. PLACE- IAT FOME, STE	M, MONTH DA M, OF INJURY REET, FACTORY, OFFICE, FA  deceosed from	19 RM, ETC )	216. HOW INJURY OCCURR 216 LOCATION STREET  19  and that in (my) (our) opinion of the company of	CITY OF MEDICAL ST	JURY IN ITEM 18 PART TOWN  10 19 19 19 19 19 19 19 19 19 19 19 19 19	COUNTY  Solution to the county th	STATE of (1) (we) lost uses stoted
NAME OF DESCRIPTION OF THE PROPERTY OF THE PRO	0	BURIAL			AME OF C	MARE CAM	BALT!		COUNTY MACE	STATE

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## ours ofter death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execu retained by the hospital or attending physician.

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IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

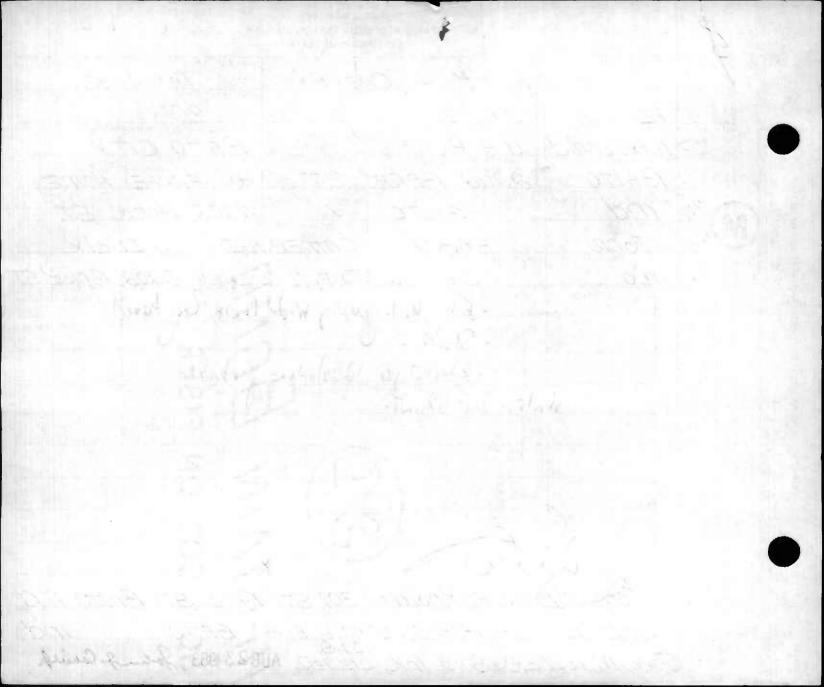
SEPARTMENT OF HEALTH AND MENTALBYGIENE
CERTIFICATE OF DEATH

20815

	1-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
Ī		CEASED NAME FIRST	MIDI	DLE	ι.	ASI	2a. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
1		HNR)	A N		C	DERRY	F	10921	1-83	М
F	3. SEX	4	RACE	5	DATE C		6 AGE (IN YEARS LAST BE	/		UNDER 24 HRS
	F	EMALE	WhI	TE	4	3 1903	80	) YRS	VIII3 DAIS H	DURS MIN.
1	To. BIF	RTHPLACE (STATE OF FOREIGN' 76	CITIZEN OF WH	HAT COUNTRY? 8	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
	n	PARYLAND	41.5	A	NIDOWE		BAITO	2 (1)	アン	MD.
	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT		125. KIND OF B	
1	1	BALTO .	2200	CILITY, GIVE STREET ADD	2/1	ST	HOUSE	NIFF	HOUSTRY	75
		AL RESIDENCE (IF NURSING HOME OR OT TATE 136. COUNT)		E RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?	12. CIPEET ADDRESS		27/2	2
	/	nd		BAITO	7	YES NO	2202	BAN)	45	7
J	4 FA	THER'S NAME	ODLE			15 MOTHER'S MAIDEN NAM				
4	(	Tohn)	SI	ABOY		CATHERI	MIDDLE	T	neit	)
1		/AS DECEASED EVER IN U.S. ARMI ES, NOOR UNKNOWN) (1E YES, GIVE V	D FORCES? 16	b. SOCIAL SECURI	TY NO.	17 INFORMANT	ADDR	ESS		
I	1	2/0	VAR OR DATES	15-12-0	294	JOSEPH C	HERRY	2202	BAL	2)457
ľ		18. CAUSE OF DEATH (Enter only	one couse per lin	e for (a), (b), and (	c).		10	1	APPROXIMAL BETWEEN ONS	E INTERVAL
ı		PART 1. DEATH WAS CAUSED IMMEDIATE		ale colla	100	north Widel	PUMB KV	1) Maxi	1	
1		2769		S A CONSEDUEN	CEOS			1000	1	
1		Conditions, if ony, which	(b) 10, OK	MOKK -	CEOR	)		V		
1		gove rise to immediate couse (a), stating the	DUE TO OR M	A COMPECUENT	CT OF	1111	\			-1-72
1		underlying cause lost	DOE TO, OR	S A CONSEQUENT	The state of	habalada-	Mebalite			
ı	- 1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO DE	AN H BUT	NOT RELATED TO THE TERMI	NA DISEASE OR CON	IDITION GIVEN	IN PART 1(a	
	CERTIFICATION	Vent	Solution	5 SUINT	7.		V			
1	CAT	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OF	PERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS	
	TIE		1 6 3				YES NO	YES [		NO [
		210. ACCIDENT WAS UNDERLYING	216. TIME OF IT	NJURY MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAT	19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY OFFICE, EARA	A ETC 1	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
1	>	WHILE NOT WHILE AT WORK	(A) NOME STREET	PACTORY OFFICE, EARN	n, erc j					
1		220 Certify that (I) (the haspital	attended the d	leceosed Irom			, to	, 19.	, tho	t (I) (we) lost
1		sow the deceosed clive on obove (1) (we) (did) (did not)	view he had tool	er death	, an	nd that in (my) (our) opinion d	leath occurred on the d	ote and hour or	nd from the cou	ses stoted
1		226. SIGNATURE			[	DEGREE	NI HE		22c. DATE SIG	SNED
		M	XTC1	1		ATTENDING PHYSICIAN	MEDICAL STA			
1		224 PHYSICIAN S NAME (THE ORP	RINT)			22e. ADDRESS			1.37	
		John Ully	am FC	2Khall	14	30187	PAIN C	7. 6	AHA	my
1			23b. DATE	23( NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION	1	1	
	(5	BUPHL	8-24.	83 ST	57	AR)K/ALIS	BATT.	7 "	OUNTY	mod
1	4 FU	INERAL DIRECTOR			5	1015 250 DATE	REC'D. BY REGISTRA	25h REGISTRA	R'S SIGNATURE	E
1	70	pho) mush	RYS	DRE IN	6	CHASTED AU	16231983	John	J. Con	uf

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages fand 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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-	STATE	
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Barbara	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
SEX			MIDDLE	LAST	
Female  Black    40   10   148   42   788   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000	JTY	PE OR PRINT) Bal	rbara	CHEW	August 3, 1983 10:35 <sup>A</sup> ,
Female   Black   1	3. SI	EX	4. RACE		
ARRIED S NEVER MARRIED B NEVER MARRIED B Baltimore City  MONORD B Baltimore City  MONORD B Baltimore  II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  Baltimore  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  Baltimore  III. SUJUAL OCCUPATION  ITHE OF WORK FOR MARRIED IN ITHE OF WORK FOR MARRIED IN INDUSTRY  MACHINERS IN ITHE OF WORK FOR MARRIED IN ITHE OF WORK FOR MARRIED IN ITHE OF WORK FOR MARRIED IN INDUSTRY  MIG.  III. SUJUAL OCCUPATION  ITHE OF WORK FOR MARRIED IN ITHE OF WORK FOR MARRIED IN INDUSTRY  III. INSTITUTE OF WORK FOR MARRIED IN ITHE OF WORK FOR MARRIED IN ITH OF WORK FOR MARRIED	1	Female	Black	4 10 41	1.2
MIG. USA    PROTITY OR TOWN OF DEATH   11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   12 UNITY OF WORK FOR WORK	70. E		76. CITIZEN OF WHAT COUN	TRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH
Baltimore    Sacrify and General Hospital		/Md.	USA		
136 STATE   136 COUNTY   13c CITY ORTOWN   13d INSIDE CITY LIMITS?   13e STREET ADDRESS   13e STATE   15m Month	1		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Maryland GE	URSING HOME OR OTHER INSTITUTION (STREET ADDRESS)  ENERAL HOSPITAL	
Charles He Stewart Carrie Gibbs  The Stewart	05U 13a.	STATE 13b. CC	OUNTY 13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS	s? 13 SIREET ADDRESS 1535 Clifton Ave. 21217
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	)4. F	FIRST		FIRST	MIDDLE
NO   Carrie Gibbs	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL		
18. CAUSE OF DEATH lenter only one couse per line for Iol, (b), and (c).   PART I. DEATH WAS CAUSED BY:   Cardiomegaly with Severe Congestive Heart			GIVE WAR OR DATES)	Carrie Gi	i hhs
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY INTURY OCCURRED  22e. I certify that of this hospital) ottended the deceased from July 29, 19,83, to August 3, 19,83, that is saw the deceased alive an August 3, 19,83, and that in (196) (our) opinion death occurred on the date and hour and from the cause above, 20, in (196) (did (dignostrative the body after death.)  22e. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 28, 3/8/3  22d. PHYSICIAN'S NAME (1YPE OR PRINT)  Patricia Weber, M.D.  C/O Maryland General Hospital	FICATION	PART 2 OTHER SIGNIFICAN	Ic)	TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED 21e. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27a. I certify that of this hospital ottended the deceased from July 29, 19,83, to August 3, 19,83, that is saw the deceased alive on August 3, 19,83, and that in (166) (our) opinion death occurred on the date and hour and from the cause above, 28, (we) (did) (dignostrative the body after death.)  27a. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1220.  27a. PHYSICIAN'S NAME (TYPE OR PRINT)  27a. DATE SIGN 27a. DATE SIGN 27a. DATE SIGN 27a. DATE SIGN 27b. SIGNATURE  PATTICIA Weber, M.D.  C/O Maryland General Hospital	E				
22a. I certify that % (this hospital) attended the deceased from July 29 , 19.83 , to August 3 , 19.83 , that % saw the deceased alive on August 3 , 19.83 , and that in (%) (our) opinion death occurred on the date and hour and from the cause above. (we) (did) (digregoview the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/3/83  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS  Patricia Weber, M.D.  C/o Maryland General Hospital		OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d, INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH INER) P.M.  218. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	
PHYSICIAN DIRECTOR PHYSICIAN 22 PHYSICIAN 22 PHYSICIAN 22 PHYSICIAN 22 PHYSICIAN 23 PHYSICIAN 23 PHYSICIAN 24 PHYSICIAN 25		22a. I certify that on (this has saw the deceased alive above, on (we) (did) (did)		19_83_, and that in (∰) (our) opin  DEGREE	nion death occurred on the date and hour and from the causes stated  22c. DATE SIGNED
Patricia Weber, M.D. c/o Maryland General Hospital		Until	rever		DIRECTOR PHYSICIAN 2 8/3/83
220 BUDIAL CREMATION PENOVAL 124 DATE 124 NAME OF CEMETERS OF CEME		-			ryland General Hospital
	230.				Brooklyn AA Mat.

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Eutaw Pl.

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Charles

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### FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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REG. NO.	0	0		

		REGISTRAR		461(1111	TAIL OI DEATH 9	REG. N	0.			
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M	3. SEX	MAGE	L CH	S. DATE O	F RIDTH	6 AGE (IN YEARS LAST BIR	THDAY) FL	JNDER 1 YEAR	IF UNDER 24	P M
7.	3. SEA	m	1al	MONTH	DAY YEAR 1911	72	MON	_		MIN.
	TE BIE	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR'	V2   B		9. BALTIMORE CITY O	R COUNTY OF	DEATH		
9		W. Va.	USA	MARRIED	NEVER MARRIED	BALTO		4		MD.
2/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME O	740.0	120. USUAL OCCUPATI	ON	126. KIND O	F BUSINESS	
	,	BALTO /	BALTO CIT		SP.	BETH. ST		INDUSTRY ST	EEL	
1	130 S	L RESIDENCE (IF NURSING HOME OR TATE 13% COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			VIIA	1 1
1			LTO DUNDA	ILK	YES NO AT		NARIN	RD.	Ldi	25
2	14 FA	_	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		A LAS	T	
9	16a W	JOSEPH AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE		17. INFORMANT	ADDRE	SS	Dosi		
2			WAR OR DATES) 213-09-			TERSON	3006 D	UNBR	222 IN 88	5
			nly ane cause per line far (a), (b),		DOZONES TILL	7,2,00,0	70,000		MATE INTERVA	L ATM
	1	PART I. DEATH WAS CAUSE	DBY:		MONARY	ADDE	-	- State of the sta	JNSE! AND DE	2111
	155	4275 IMMEDIA	TE CAUSE (a)	100	CHICAGARCA	111012				
		C175 7	DUE TO, OR AS A CONSEC	DUENCE OF				1		
3		Conditions, if any, which gove rise to immediate	(b)							_
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF				160		
			(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART TO	2 '	
1	ATIC	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED	
	CERTIFICATION					YES NOT	IN CERTIFYIN	G CAUSES		?
0	CER	210. ACCIDENT WAS UNDERLYING	LITIACOAL ALLA GUOLITU	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF DEA		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E FARM ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	TE
- 1	2	AT WORK NOT WHILE AT WORK	(Armone, Street, Factors, Office	E, PARM, ETC.)						
		22a.l certify that 🧌 🕮 🛶	attended the deceased from	148 MIN	AUCI_, 19 553		17.		that (we	/
		saw the deceased alive on obove. If the North did id no	ti view the body after death	93, an	d that in (my) (aur) opinion d	eath occurred an the d	ate and haur ar	nd fram the	causes state	d
		The SIGNATURE	7 1		DEGREE	WEDICAL STATE		22c. DATE	SIGNED	
į.	0	savery,	Mento	1	ATTENDING PHYSICIAN	MEDICAL STAI		05-	AUC	L
		234 PHYSICIAN'S NAME (1996	DEPENDENCE OF THE RES		22e ADDRESS					
		KAREN E	M \$ZAUT	-SS-	BALTMOR	E C174	HOSP			100
		URIAL, CREMATION, REMOVAL		c. NAME OF CI	METERY OR CREMATORY	23d. LOCATION		OUNTY	STAI	NE .
		BURIAL	8/8/83	SACRE	D HEART		-	PLTO	mi	1
	24. FL	INERAL DIRECTOR	ADDRES:		25e. DATE	REC'D. BY REGISTRAR	25h. PEGISTRA	R'S SIGNAT	URE	1
	Co	ONNELLY FUNI	ERAL HOME OF		DALK A	J6 1 O 1983	Maler	Land C	Mull	A

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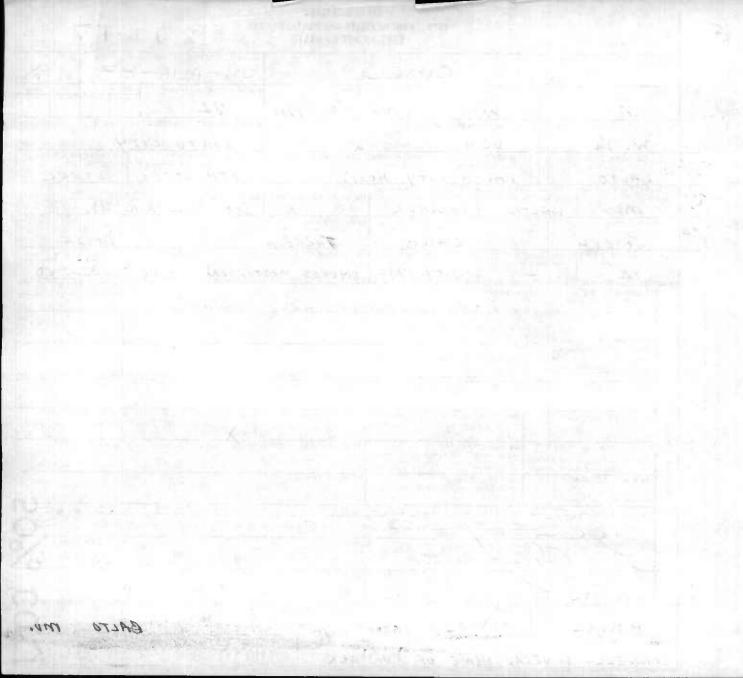
TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the bund-inonit permit. Then ple with the State Dept. of Health and Mental Prygiene prior to burio

TO HOSPITAL OR ATTENDING PHYSICIAN, The la

retained by the haspital or

offending physician.

IMPORTANT, If New 21 is marked or New 18 shows any



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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

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	CEASED NAME FIRST		WIDDLE		LAST	2a. DATE C	DE DEATH MO	ONTH DAY	YEAR	2b. HOU
	,	AlidaC. C	hilds			Augi	ict 21	1983		
I. SEX		4 RACE	HILIOS	5. DATE C	OF BIRTH		YEARS LAST BIRTHO		INDER 1 YEAR	IF UNDER
	Female	Whi	+0	MONTE		5	-7	MON	IHS DAYS	HOURS
7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	Y? 8	ober 1, 192	- 9 BALTIM	ORE CITY OR	YRS. COUNTY OF	DEATH	
	COUNTRY)	LICA			D NEVER MARRIED	X.	_			
	aryland	USA 11. NAME OF	HOSPITAL NURS	WIDOWE	DR OTHER INSTITUTION		OCCUPATION	more C	1 L.V 126 KIND (	SE BLICINE
	D-1+'		CH FACILITY, GIVE STRE	EET ADDRESS)		(TYPE OF WO	RK FOR MOST OF W	ORKING LIFE)	INDUSTRY	
	Baltimore AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	8 Darby			Asser	nbly wo	rker	Noxe	11 Cc
13a. S	TATE 136 CC	YINUC	13c. CITY OR TO	NW	13d INSIDE CITY LIMITS			- /		
Mc	THER'S NAME	-	Baltin	ore	YES NO D		3 Darby	Stree	t 21	211
I FA	FIRST	WIDDLE	LAST		FIRST		MIDDLE		£A:	ST
-	Theodore Ch		T			e G. Eve				
	VAS DECEASED EVER IN U.S. res, no or unknown) (IF yes	ARMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS			
	no		220 18	9582	Charles Ch	ilds	same	e		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per	line for (a), (b),	ond (c).					BETWEEN	MATE INTER
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	RAS A CONSEO METAS	TAGE DUENCE OF TATI	RENAL DI  CARCINON  NOT RELATED TO THE T	IA OF L		ION GIVEN	IN PART 10	0.
CATION	gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, O	R AS A CONSEO METAS ONTRIBUTING TO	PUENCE OF TATION DEATH BUT	C CARCINER	IA OF L	SE OR CONDIT	Ob. IF YES, W	ERE FINDI	NGS USED
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WEDICAL 230. B	gove rise to immediate couse (0), storing the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED  WHILE NOT WHILE SOW the deceased alive above, (1) (and (diet)	DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME CO HOUR A. HOUR A. HOUR A. HOUR A. HOWE, 51  21e. PLACE (AT HOME, 51  and 10 view the body  PE OR PRINT)	R AS A CONSEO  RETUS  ONTRIBUTING TO  OF INJURY  M. MONTH  M.  OF INJURY  REEL, FACTORY, OFFICE  after death.  19.	DUENCE OF TATE OF CHOPERATION OF CHAPTER OF COMMENCE CO.	NOT RELATED TO THE TO WAS PERFORMED  21c. HOW INJURY OCCUPANT OF THE TO	ZERMINAL DISEA  200 AUT  YES   CURRED (ENTER N  CURRED OF MEDICAI  MEDICAI	OPSY? NO DISTRIBUTE OF INJURY II  CITY OR TOWN  CITY OR TO	N DON THE NEW TOWN OF THE NEW	ERE FINDING CAUSES  OR PART 2)  COUNTY  B3  d from the  22c. DATE  RV/12	NGS USED OF DEATH NO The state of the state

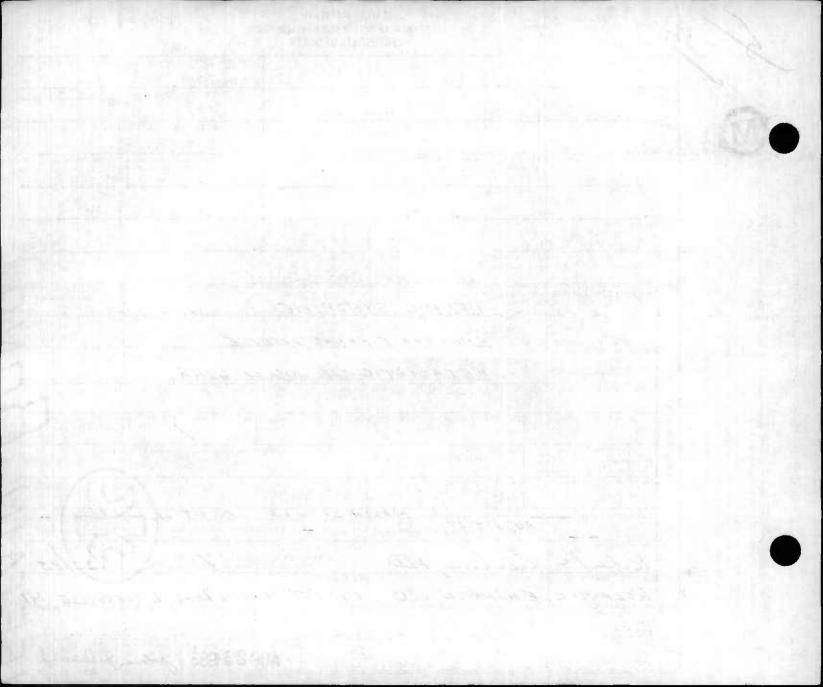
Burgee Funeral Home 3631 Falls Road, 21211

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etoined by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove corbanoppers. Programith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



### STATE OF MARYLAND

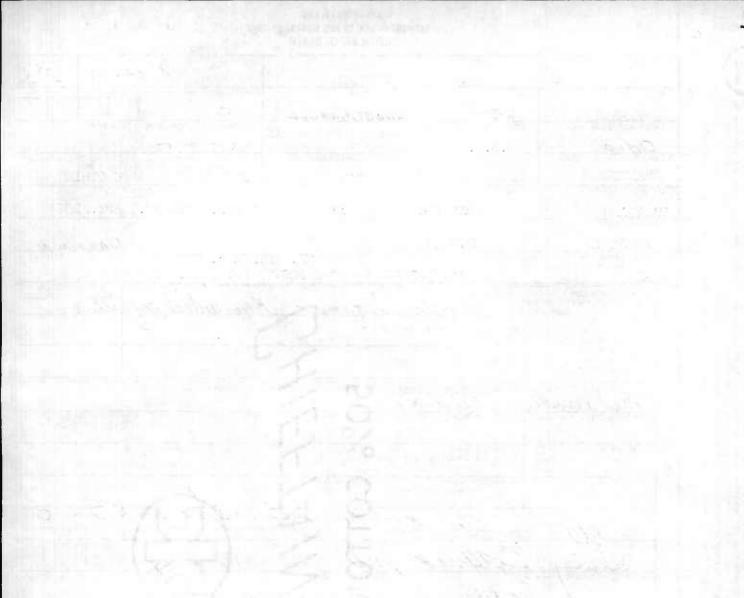
-	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI	REG. N	0.		18
		EASED NAME FIRST BELLE	X & X		PMAN	20. DATE OF DEATH	8 /	2 83	3 45 pm
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	WHITE		BTAINABLE	83	YRS.		HOURS MIN.
p		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8	D NEVER MARRIED XX	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
X		OHIO	U.S.A.	WIDOWE		BALTIMORE	CITY		MD.
- 2	10. C∏	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
6		BALTIMORE	UNION MEMOR	IAL HOSP	ITAL	SECRETARY		CLOTH	ING
7	130. S	L RESIDENCE (IF NURSING HOME O TATE 13b. COU ARYLAND	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF BALTI	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 105 W. 39t		1210 , APT.	206
V	-	THER'S NAME	MIDDLE LAS	ST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	Ť
6		BENJAMIN	CHIPMA	N	ROSE			UNKA	VOWAL
		AS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL	L SECURITY NO.	17. INFORMANIR. AR		EPMAN		
		NO	214-0	1-3433	8242 SCOTT	S LEVEL RD.	#21	.208	MATE INTERVAL DINSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN PART 10	0
ì	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	S, WERE FINDING CAUSES	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TIA PLACE OF INJURY	OFFICE FARM, ETC 1	TH LOCATION	CITY OF T	OWN	COUNTY	STATE
		27a I certify that (I) (the hosp saw the decayate alive a above, if (ver) (did) (did n 27h SIGNATURE	oital attended the developed	7 -	nd that in (my) (our) pinion of DEGREE  ATTENDING	death occurred on the o		ur and from the	
		724 PHYSICIAN'S NAME THE	COTTERIE	D	PHYSICIAN [220. ADDRESS UNION MEMOR	DIRECTOR PHYSI	1		
	23o. B	OURIAL, CREMATION, REMOVA	8-14-83		FILOH CONG.	BALT IMO	RE	COUNTY	MD STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the atte shauld be detached for use as the burial-transit permit. Then pleas with the State Dept. af Health and Mental Hygiene priar to burial,

> 74. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215



ofter deoth. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

-	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. NO.	0 2 0	
Ī	1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
1	(TYPE OR PRINT)  Elmer	Ezra	Cla	tchey	August 7, 19	983	M
4	3. SEX	4. RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	Apri	7 25° 1911	73	YRS.	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR C	COUNTY OF DEATH	
4	Maryland  10. CITY OR TOWN OF DEATH	USA	WIDOWI		Baltimore Ci		MD. OF BUSINESS OR
1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET 6506 Parr Ave.		SK OTHER HASTHOTION	(TYPE OF WORK FOR MOST OF W Ship Fitter		
1	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland		VN	13d. INSIDE CITY LIMITS? YES 10t NO 1	130. STREET ADDRESS 6506 Parr A	lvenue 21	215
7	14. FATHER'S NAME FIRST  James	MIDDLE Clatchey		15. MOTHER'S MAIDEN NAM	WE	Hudse	
ī	168. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECTIVE WAR OR DATES)	JRITY NO.	17 INFORMANT	ADDRESS		
		Years 215-10-0	458	Mary Clatche	y 6506 Parr	Ave 21215	
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	<i>V</i>	,	0.
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	5000	ON WAS PERFORMED		10b. IF YES, WERE FINDING CAUSES	OF DEATH?
	F			To How blues occur	YES NO	YES 🗌	NO 🗌
	OR COLUMNICATION CALLET OF DE	HOUR A.M. MONTH D	AY YEAR	ZIZ. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IS	SITEM 18 PART 1 OR PART 2)	
	GRECHINGUING CAUSE OF DE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceosed olive or above, (1) (we) (did) (did no	n 19 ot) view the body ofter death.	83	nd that in (my) (our) opinion	deoth occurred on the date		that (i) (we) last couses stated
	Qualle I.	CANETE M-Q		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NX 8/8	SIGNED 3
	Dr. Lucille			Wyman Park	Health System	n	
	236. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	8/9/83 h	100d1.a	um Comotony	Woodlawn	Baltimore	MD ·
	24 FUNERAL DIRECTOR Tomin	a Buers Funeral	Diren	um Cemetery tors, Inc.	TE REC'D. BY REGISTRAR 25	. REGISTRAR'S SHOW	shulf
	8728 Liberty Rd.	Randallstown,	Md.	21133	AUG 8 1983	0	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) poge 3 8 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR offer TO Male W 72 YRS BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVERMARRIED "ATabama U.S. City DIVORCED WIDOWED CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Raltimore Balto. City teacher JSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CUTY OR TOWN Elkridge 5036 Old 13d. INSIDE CITY LIMITS? Lawyers Maryland Howard YES [ NO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Hails Addison Cobb Joe Susan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWNS 4114 May Cobb 6036 Lawyers Hill Rd. 204 ves physicio APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY RONCHOPNEUMONA IMMEDIATE CAUSE to 332 0 OR AS A CONSEQUENCE OF DISEASE PARKINSONS Conditions, if ony, which t o gove rise to immediate the couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying ò couse lost pleas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Then CERTIFICATION 0 pee 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? has per physicion. buriol-tronsit p YES NOT YES NO F sh 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) PHYSICIAN: 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ie i (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 50 21e. PLACE OF INJURY 21f LOCATION this the ond AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OF TOWN COUNTY STATE NOT WHILE ATTENDING 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on Augo 25 TOR hospitol and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated of above, (1) (we) (did) (did not) view the body after death DIRECT uld be detached the State Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED \* ATTENDING MEDICAL HOSPITAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT. by 22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

Meadowridge

Bellanca

Elkridge. Md

23d LOCATION

Efkridge

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Howard

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

shoul 0

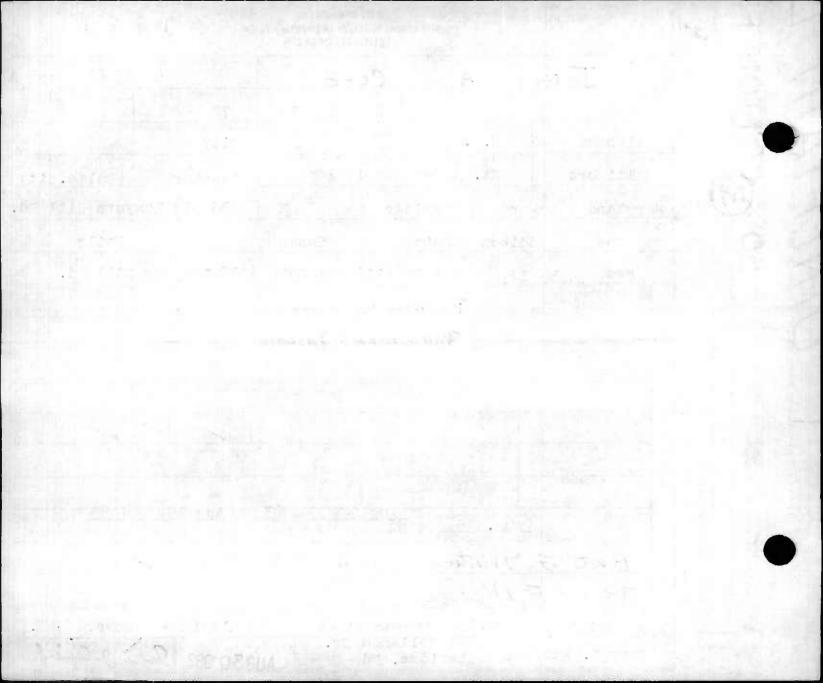
23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Gary L. Kaufman

8/29



age 3

filled auld b

0

oug

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAM 2a. DATE OF DEATH (TYPE OR PRINT) FRON 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 40 B To BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Carolina U.S.A. WIDOWED Baltimore City. DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTO 130 STATE 136 COUNTY 13e STREET ADDRESS BALTO COLUMBUS YES X NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDI MIDDLE E11a Phillip Cockfield D. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Linda Owens 3744 Columbus Drive No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

YEAR

INDUSTRY

21215

Nero

17b. KIND OF BUSINESS OR

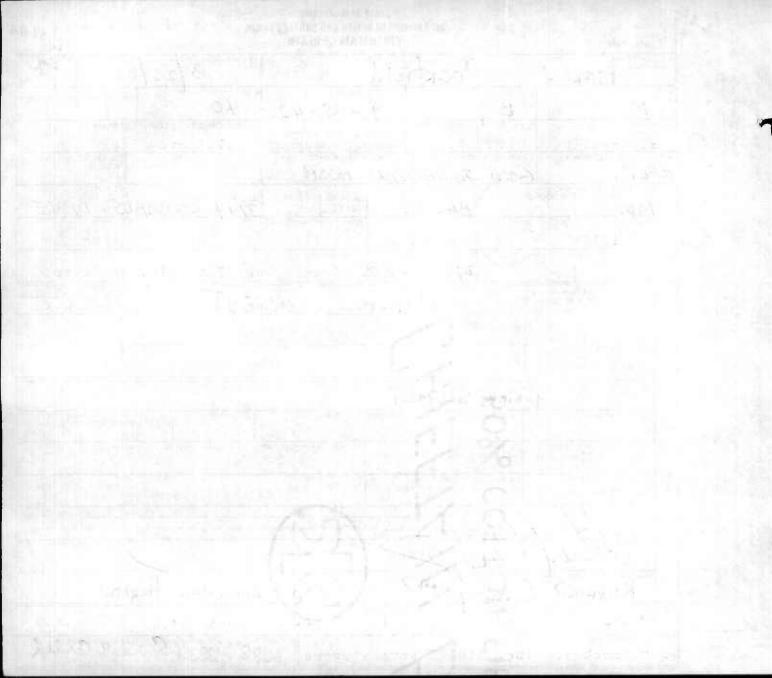
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MIA

0 a PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION The prior 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NO YES NO I attending physicia 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 218. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION marked ar CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Health o 27x.1 certify that the hounital attended the deceased from \_, that (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the causes stated و ف dy after death TO FUNERAL DIRECT should be detached for with the State Dept. DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS MPORT 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE BURIAL 8/30/83 Restlawn Cemetery Lake City, S . C STATE 250. DATE REC'D. BY REGISTRAR 256/REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 Ess North Avenue

DHMH - 16 50M 4/82 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed withfin 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ST	ATE	OF	MARYLAND
		••	111111111111111111111111111111111111111

	REGISTRAR LS			IFICATE OF DEATH			
1 DE	CEASED NAME FIRST	MIDDI	111/ 105	LAST	REG. NO.	ONTH DAY YEAR	2b. HOUR
	E OR PRINT)	-			1		
	William	-> Le	0	Loe	pungus!	31 1483	205
3. SE	X /	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS A
1	Male	Cauc.	00	V. 3. 1912	170	YRS.	HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8.		9. BALTIMORE CITY OR	COUNTY OF DEATH	
3	COUNTRY)	11.5.0	MARR	IED WEVER MARRIED WED DIVORCED	BOITIM	PT: 7 38	
30 C	ITY OR TOWN OF DEATH	11. NAME OF HOS		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b, KIND C	OF BUSINESS
B	ALT, MORE /		O - HOSPIT	TAL	(TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY	CO ST
130. S	AL RESIDENCE (IF NURSING HOME O STATE 186, COU ARLAND BAL	ROTHER INSTITUTION, GIVE NTY 130.	RESIDENCE BEFORE ADMISSION CITY OR TOWN ARWILL	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	CRIST AV	٤ 213
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME	LA	17
1C	HARLSS	S	202	VIRGINI	A R.	TOL	54
	WAS DECEASED EVER IN U.S. AI		SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS		
1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	201010	6 FAMILY	RECARDS		
	18. CAUSE OF DEATH (Enter a	alu ana saura nas tisa	for (4) (h) and (c)	0	2	APPROX	CIMATE INTERVA
	Conditions, if any, which		Mncontra				
7	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	ACONSEQUENCE OF	ed Abdomin	MINAL DISEASE OR CONDI	TION GIVEN IN PART 18	a
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONT	RIBUTING TO DEATH BE	Abdomin UT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART TO	NGS USED
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION,	CONDITIONS CONT  19b. CONDITIO  Rupfu  21b. Time Of IN HOUR A.M.	RIBUTING TO DEATH BI	JT NOT RELATED TO THE TER  JON WAS PERFORMED  MINOR STILL HOW INJURY OCCU  R  21c. HOW INJURY OCCU	MINAL DISEASE OR CONDI	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	CONDITIONS CONT  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF	RIBUTING TO DEATH BI	JT NOT RELATED TO THE TER  JON WAS PERFORMED  MINOR STILL HOW INJURY OCCU  R  21c. HOW INJURY OCCU	MINAL DISEASE OR CONDI	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES IN ITEM 18 PART   OR PART 2)	NGS USED S OF DEATH? NO
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190, DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CONDITIONS CONT  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF I (AT HOME, STREET.	RIBUTING TO DEATH BI N FOR WHICH OPERAT  JURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, EYC)  eccessed from	JT NOT RELATED TO THE TER  JON WAS PERFORMED  TO STREET  19  21c. HOW INJURY OCCU  STREET	200 AUTOPSY? 200 AUTOPSY? 21 YES NO RRED (ENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TI d. INJURY OCCURRED  WHILE AT WORK ON THE AT WORK  27a, 1 certify that (I) (this hasp saw the deceased alive a	19b. CONDITIONS CONT  19b. CONDITIONS CONT  21b. TIME OF IN HOUR A.M. (R) P.M. 21e. PLACE OF (AT HOME, STREET, oital) attended the den	RIBUTING TO DEATH BI N FOR WHICH OPERAT  JURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, EYC)  ecceased fram  19	A DOM IN  JT NOT RELATED TO THE TER  JON WAS PERFORMED  PMINOT STREET  211 LOCATION  STREET	200 AUTOPSY? 200 AUTOPSY? 21 YES NO RRED (ENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION,  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TIME)  21d. INJURY OCCURRED  WHILE NOTE WHILE AT WORK  22a.! certify that (I) (this hasp	19b. CONDITIONS CONT  19b. CONDITIONS CONT  21b. TIME OF IN HOUR A.M. (R) P.M. 21e. PLACE OF (AT HOME, STREET, oital) attended the den	RIBUTING TO DEATH BI IN FOR WHICH OPERAT  JURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, EYC)  eccessed from  19  er death.	JT NOT RELATED TO THE TER  JON WAS PERFORMED  MINISTREET  211. LOCATION  STREET  DEGREE  ATTENDING	MINAL DISEASE OR CONDI  200 AUTOPSY?  SYYES NO  RRED (ENTER NATURE OF INJURY  CITY OR TOWN  10  10  MEDICAL STAFF	20b. IF YES, WERE FINDING CAUSES YES  INITEM 18 PART   OR PART 2)  COUNTY  27c. DATE	NGS USED S OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK   NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  270.   Certify that (I) (this hasp saw the decased alive a abave. (I) (we) did() (did not abave. (I) (we) (did() (did not ab	19b. CONDITIONS CONT  19b. CONDITIONS CONT  21b. TIME OF IN HOUR A.M. (R) P.M. 21e. PLACE OF (AT HOME, STREET, oital) attended the donative with a body after	RIBUTING TO DEATH BI N FOR WHICH OPERAT  JURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, EYC)  ecceased fram  19	A Dom In  JT NOT RELATED TO THE TER  JON WAS PERFORMED  PRINCE  216. HOW INJURY OCCU  216. LOCATION  STREET  and that in (my) (aur) apinia  DEGREE	MINAL DISEASE OR CONDI  200 AUTOPSY?  SYYES NO  RRED (ENTER NATURE OF INJURY  CITY OR TOWN  10  10  MEDICAL STAFF	20b. IF YES, WERE FINDING CAUSES YES  INITEM 18 PART   OR PART 2)  COUNTY  27c. DATE	NGS USED S OF DEATH? NO STATE that (I) (we'll causes state
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK  21d. INJURY OCCURRED  WHILE AT WORK  27d. I certify that (I) (this hasp saw the deceased dive a abave, (I) (we) did) (did not 22b. SIGNATURE)	CONDITIONS CONT  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21e. PLACE OF (AT HOME, STREET.  poital) attended the doin at) view the body after	RIBUTING TO DEATH BI N FOR WHICH OPERAT  JURY MONTH DAY YEA  INJURY FACTORY, OFFICE, FARM, EYC)  ecceased fram  per death.	JT NOT RELATED TO THE TER  JON WAS PERFORMED  PMINOT STREET  216. HOW INJURY OCCU  216. LOCATION  STREET  ATTENDING PHYSICIAN	RRED (ENTER NATURE OF INJURY  CITY OR TOWN  10 MEDICAL STAFF  DIRECTOR PHYSICIA	20b. IF YES, WERE FINDING CAUSES YES  INITEM 18 PART   OR PART 2)  COUNTY  27c. DATE	NGS USED S OF DEATH? NO STATE that (I) (we)

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

HAPELOF MEMORIES

SEP

requires that the death certificate be executed within 24 haurs ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled within 72 hours of with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

injury, ar ather troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AND CHENE FOR

- STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT) HENR'	YE	COLE	8	14 83 3:15
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	BLACK	10 21 23	59 YRS	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
BALTO MD	U.5.A	WIDOWED DIVORCED	BALTO. CITY	MD.
10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	ITAN MOSPITAL	RETIRED - BETH	
USUAL RESIDENCE (IF NURSING HOME O		EFORE ADMISSION)		3/666
130. STATE 136. COL	JNTY 136 CITY ORT		1703 BURNIU	U000 RD
14. FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	2/239
id sway for	MIDE 0/5 LAST	GARAIA	Jus INN	(XSID)
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, G	215-12	-41777 (00.00.W	11 B. GO/0 17	63BULNWOOD
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b)			APPROXIMATE INTERVALLED BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY:	HOPLILMONARY	ARPEST.	CE MEN CASET SING DESIGN
11 2G IMMEDIA	ATE CAUSE (0)	7		
Conditions, if any, which	DUE TO, OR AS A CONSE	ASTATIC CAT	CELL CA. LUN	JG
gove rise to immediate	(6)			
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF		
DART 2 OTHER SIGNIFICANT	(c)	TO DEATH BUT NOT RELATED TO THE TER	ANNUAL DISCUSS ON CONDITION O	CIVICAL DA DA DA DA
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION (	SIVEN IN PART ITO
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
2	7,000		IN CER	TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	71r HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 1	YES NO
OR CONTRIBUTING CALLES OF D	EATH HOUR A.M. MONTH	DAY YEAR	TENER PRIORE OF PRIORE IN THE PRI	TART OR FARTY
(IF EITHER NOTIFY MEDICAL EXAMIN 214. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		7 17 0	0 0 17	0.9
220. I certify that (I) (this has sow the deceased alive a	pital) attended the deceased fro	0.0	in death accurred on the date and h	_, 19, that (I) (we) lost
obove, (I) (we) (did) (did n	not) view the body ofter death.		acom accurred on the date and r	
22b. SIGNATURE	Thir	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED 872
rain	100	PHYSICIAN		10-14-03

230. BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

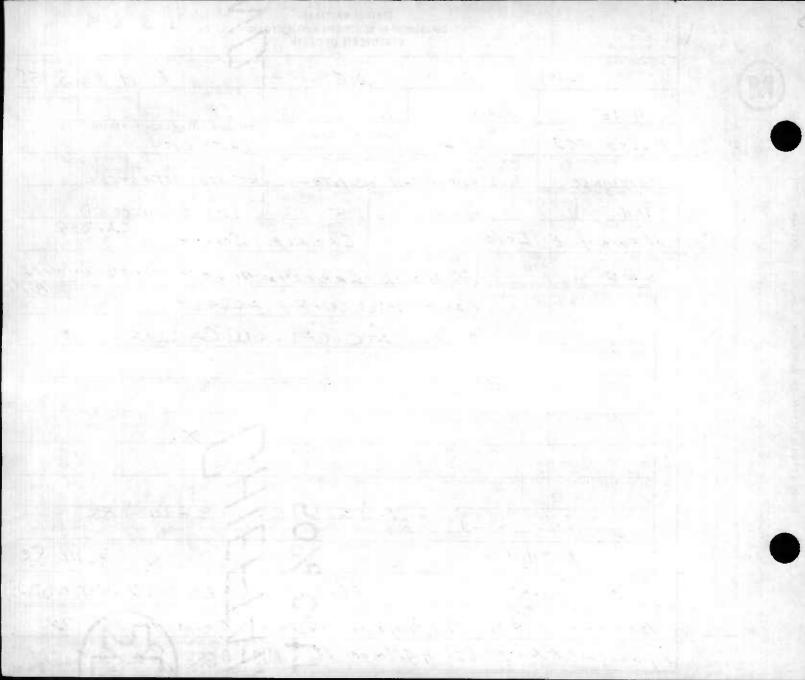
COLUMN BYSUF SPYS

LOCA RAVEN BLVD, BALT, MOSISSA

23b. DATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP



### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTACHYGINE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2a DATE OF DEATH 2b HOUR TYPE OR PRINTS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH, MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR F WORKING LIFET INDUSTRY 13b COUNTY 13d INSIDE CITY LIMITS? 4. FATHER'S NAME S MAIDEN NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR MYNOWN) [IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENT Conditions, if ony, which gove rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOIX tronsit p YES [ 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR Mentol I MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INTURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 50 CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE orked AT WORK NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from. DIRECTOR ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

uld be deta the State I

MPORTANT

22d PHYSICIAN

CREMATION, REMOVA

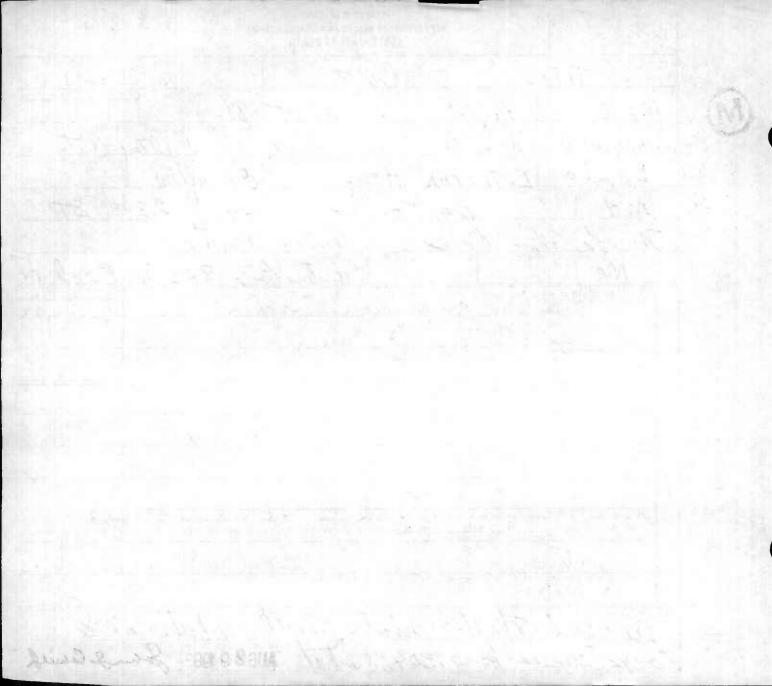
22e. ADDRESS

ATTENDING

PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 EG N	0	छ	2	6
EG N	0			

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	0.	iliae G		
DECEASED NAME JAMES	LEON	COLEMA	AN	201 201 201	MONTH DAY	VEAR 83	26. HOUR 11:40Am	
3. SEX 4	RACE	S. DATE OF B	IRTH YEAR	6. AGE (IN YEARS LAST BIRT	THOAY) IF U	JNDER I YEAR	IF UNDER 24 HRS	
Male	Black	11	7 23	60	YRS.			
70. BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY) S. Carolina	U.SA.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	_	DEATH	MD	
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSINAL A MEDICAL CENT	NG HOME OR	OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O		126. KIND OF INDUSTRY	F BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOME OR O 13c. STATE 13b. COUNT Maryland		ore Y	A INSIDE CITY LIMITS?	13e. STREET ADDRESS 3117 Nor	mount	Ave.	21216	
4. FATHER'S NAME FRST Frank	Smith	15.	MOTHER'S MAIDEN NAM	WIDDLE		Patr	ick	
(46), WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166. SOCIAL SECTION (1997) 166. SOCI	400	Mazel Cole	eman 3117		-	and the same of th	
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY: Andis	pulm.	mary an	ut		APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH	
Conditions, if any, which	Conditions, if any, which ( b) Widespread Metastatic Desease						unknown	
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OBAS A CONSEQUE	JENCE 29	nchogenie	· Carcin	ima	unh	nown	
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN	IN PART 110		
NO 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES		
OR COMPRESSION CALLES OF DEATH	HOUR A.M. MONTH D	DAY YEAR	IC HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
OR COMMISSION OF CAUSE OF BEATT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		I LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
22a.l certify that (X(this hospital saw the deceased alive on above, (X(we) (did) (axion)			hot in (Xy) (our) opinion o	, toAugust death occurred on the do	17 , 19 ate and hour or		that ( <b>X</b> (we) last couses stated	
Hankick	iald in	DEC	ATTENDING PHYSICIAN	MEDICAL STAR	IAN 🕙	22c. DATE S	SIGNED	
HYSICIAN'S NAME TYPE OR	HARDS N		3900 Loch Ra	wen Blud. I	Balto. 1	Md 212	18	
230. BURIAL, CREMATION, REMOVAL BURIAL			eran Cem.	Crowns v	ille "	OUNTY	Md.	
24 FUNEDAL DIRECTOR			25a DATI	DEC'D BY DECISTRAD	25 TO DEC ICTO AL	D'C CICNIATI	IDE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonopers: Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

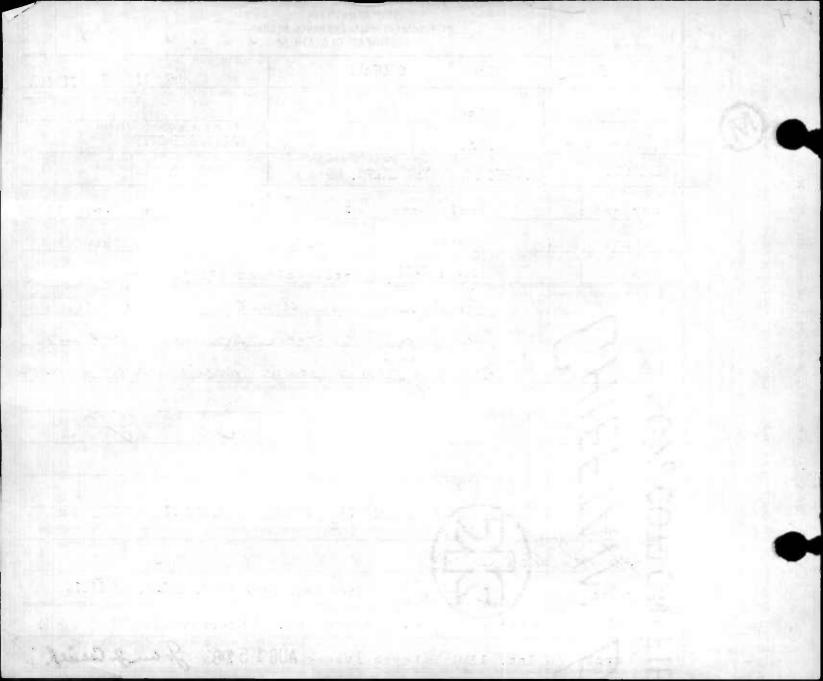
IMPORTANT: If Item 21 is marked at Item 18 shows any injury, as other traumatic event, the medical/examiner must be gottle.

poge 3

Wm C<sup>AAM</sup>March F/H Inc. 1101 DES North Avenue AUG 1 5 1983

Sa DATE REC'D. BY REGISTRAR 2 TREGISTRAR'S SIG

John J. Comich



and campletely filled in by the two

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers- Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic event, the

etained by the haspital or attending physician.

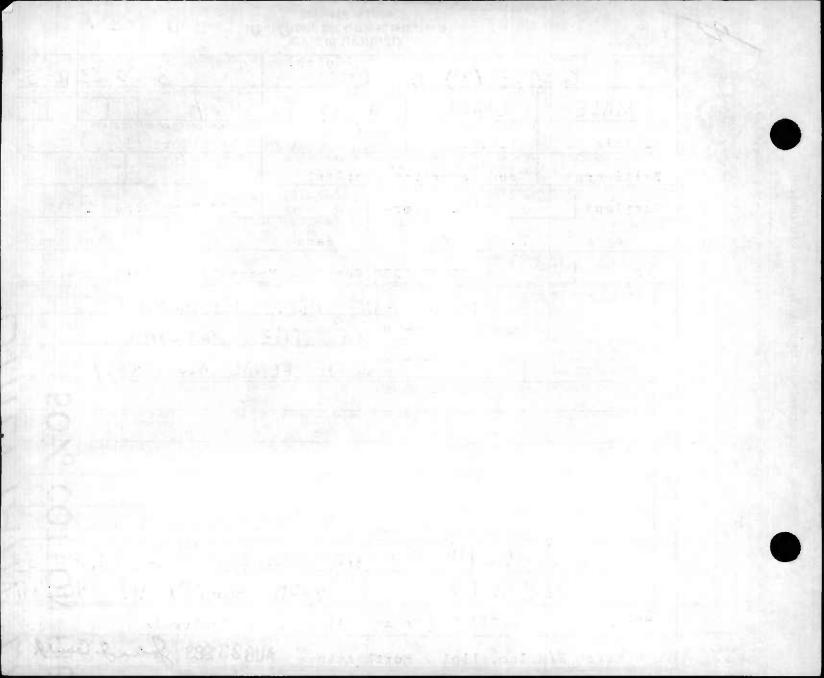
STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGUNE							
CERTIFICATE OF DEATH							

8 2 7 2 0

1.	FOR - STATE REGISTRAR		DEPARTMENT OF I	IEALTH AND MENTALHY	GLENE 2 0 REG. NO.	3 2 /	
TYP	CEASED NAME FIRST		) н.	COLES)	2	NIH DAY YEAR 3 20 8	3 10:05 A
3. SE	11015	BLAC	S. DATE O		6. AGE (IN YEARS LAST BIRTHD	YRS.	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	COUNTRY? 8 MARRIE		9. BALTIMORE CITY OR C Baltimor		MD.
	Baltimore	(IF NOT IN SUCH FACILITY		ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
13e.	AL RESIDENCE HE NURSING HOME O STATE 13b. COU Maryland	NTY 13t CI	dence before admission) If or town Itimore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 5220 York	c Road 2	1212
14. F/	ATHER'S NAME George	MIDDLE H.	Coles	Sarah	MIDDLE	Sau	nders
160 \	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN]   I IF YES, GI	VE WAR OR DATES)	-22-9279	Gearlene M	ADDRESS loore 2922 (	Clifton A	
NO	PART 2 OTHER SIGNIFICANT	ED BY: TE CAUSE (a) M E  DHE TO, TR AS A  (b)  DUE TO, DR AS A	CONSCOURNCE OF	OF THE	E PROS NAL INSUF	TATE FIGENCY	NOMET INTERVAL
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		OB. IF YES, WERE FIND N CERTIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE  IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. M	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	N ITEM 18 PART I OR PART 2}	•
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.) certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	n	19	, 19 nd that in (my) (our) opinion DEGREE	, ta, ta	and haur and from th	that (I) (we) last e causes stated
	Llel	sallos MI	7	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	01	20/83
	22d PHYSICIAN'S NAME (TYPE	BALLUS		GOOD	SAMARI	TAN	HOSPITA
23a.	BURIAL, CREMATION, REMOVAI BURIAL	23b. DATE 8/25/83	23c NAME OF C		Glenburr		Md.
24. F Wn	uneral director  n C March F/H	I Inc. 110	1 E Nort		AUG 23 1983	GISTRAR'S SIGN	shief

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

-	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND  EALTH AND MENTAL NOG  ICATE OF DEATH	IENÉ 2 REG. NO	0 8 2	8	
		CEASED NAME FIRST HO	y boy	adri Codri	sy.	AST Coley	2a DATE OF DEATH		3 10	OUR 550 <sub>AM</sub>
	3. SEX	MALE	Bla		T. DATE C	of Birth	6. AGE (IN YEARS LAST BIR	MONTHS TRO.	DAYS HOU	DER 24 HRS
5	C	COUNTRY) MD	76. CITIZEN OF WE		WIDOWE		BALTIMORE CITY O			MD.
7	1	Baltimore	(IF NOT IN SUCH F	ACILITY, GIVE STREET A	DDRESS)	dr other institution	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF		IND OF BUS	INESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 131. COUN		C CITY OF TOWN		13d. INSIDE CITY LIMITS? YES	10 33 N.	Filmore	st.	2121
20	14. FA	in a	Harold.	Cole	2	15. MOTHER'S MAIDEN NAM	WIDDLE	C	LAST	
/		VAS DECEASED EVER IN U.S. ARI (15 YES, GIVI	MED FORCES? I(	6b. SOCIAL SECUR	RITY NO.	Mona Cur	ADDRE	N. Giln	10 re	5+.
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR A		NCE OF			DITION GIVEN IN P.		
7	CERTIFICATION	19g. DATE OF OPERATION			DPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING C	AUSES OF D	
7	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	TH HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI			311
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET	T, FACTORY, OFFICE, FA		STREET 19 83	to 8 - 2 a	• 1983		STATE  (we) lost
		22a. I certify that (I) (this hosping sow the deceased alive on above, (I) (we) (did) (did not be something of the source).	8.29.  1) view the body of	TR 19 8 ter death.	_	nd that in (my) (our) opinion o	death occurred on the de	ate and hour and Iro	,	stated
1		22d. PHYSICIAN'S NAME (TYPE O	mal RPRINT)	nabe.		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAI		8/29	183
	23n R	SALE BURIAL, CREMATION, REMOVAL	1236, DATE	- NAI	BER	Mer EMETERY OR CREMATORY	123d LOCATION	pital	101	
	- (	Burial		3 m		Lion Cemete	CITY OR TOWN		1	STATE
	W	n. C. March	E/H 110	APDRESS A	orth		4 1082	John &	Comi	4

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## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, parshauld be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs after dawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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injury, or other troumatic event, the

with the State Lept. 2. Is marked or them 18 shaws any IMPORTANT: If them 21 is marked or them 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

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1	FOR  STATE  REGISTRAR		DEPARTMI		IEALTH AND MENTAL HYD FICATE OF DEATH	HENE	REG. NO.	1 3 2	9
	ECEASED NAME FIRST PE OR PRINT) CORIL		MIDDLE	911	LINS	2a. DATE C		11/83	26. HOUR 5.451 M
3. SI	F	4. RACE	B	5. DATE (	OF BIRTH	1		MONTHS DAYS	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  **Maryland**  **The country of the country	U.S.		WIDOWI				imore	MD.
	Baltimore	Luth	nern Hospi	tal	OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORK	KING LIFE) 126, KIND INDUSTR	OF BUSINESS OR Y
13a.	JAL RESIDENCE (# NURSING HOME O STATE 136 COU Maryland		13c. CITY OR TOWN  Baltimo		13d. INSIDE CITY LIMITS? YES X NO		t address 13 Edmond	son Ave.	13-38
	athers name Eligan Greene	WIDDLE	tast		15. MOTHER'S MAIDEN NAME FIRST Matt:	ME ie Hol		L	AST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECUR 218-42-56		17. INFORMANT  Carolyn Ma	assey	ADDRESS 2343 Ed	mondson A	Ave.
ATION	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	(b)	ONTRIBUTING TO DE	CM C	many Eden minage Minage I NOT RELATED TO THE TERM	MA APORTO	TOPSY? 20b.	IF YES, WERE FIND	DINGS USED
AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	LAIR	OF INJURY .M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	YES T	NO	CERTIFYING CAUSE YES EM 18 PART 1 OR PART 2)	NO 🗌
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FAR		21f. LOCATION STREET		CITY OF TOWN	COUNTY	STATE
	22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did of 22b. SIGNATURE	of) view the bady	v after death	, a	nd that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN [	MEDICA		22c. DA	the causes stated TE SIGNED
23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 8/16	23c. N		CEMETERY OR CREMATORY CUS Mem. Pk.		CATION ITY OR TOWN  Baltimor	county re. Marvl	STATE
24.	FUNERAL DIRECTOR  V.R. Bailey F.1			711	25a. DAT	UG 1	REGISTRAR 256.		

DHMH - 16 50M 4/82 (VRA 15, 4)

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AND THE RESIDENCE OF THE PARTY		

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### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAPHY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 83 STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 13c. CITY OR TOWN 13d JI SIDE CITY LIMITS? 13e. STREET ADDRESS NO [ 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Stational Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

death. Page need dire BALTIMORE CITY OR COUNTY OF DEATH O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR ofter (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE pin 14. FATHER'S NAME N puo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Poges pu corbon popers. APPROXIMATE INTERVAL à emotion, ò PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 Sigr 0 IFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? ad Mental Hygiene NOV YES T NO I CERTI certificate ç 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL uria (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 te e 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR saw the deceased alive on obeye, (Nwe) did) (did not) view the bady after death. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 21 Jo. ALLINE DEGREE 22c. DATE SIGNED He ŏ ATTENDING \* MEDICAL STAFF old be deta the State FUNERAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 774 PHYSICIAN'S NAME ITTEROS PRINT 22e ADDRESS ÷ 0 48 x 230 BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 12 LOCATION CITY OF TOWN COUNTY STATE 9/8/83 BP Removal 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS (VRA 15, 4) Anatomy Board Balto., Md.

DHMH - 16 50M 4/82

YEAR

2b. HOUR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	5×5×4
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	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY DELAY IS NETESSARY, PLEAS CUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, IS, GIVE PAGES 1, 2, AND 3 TO THE FUREBACHIRECTED, SE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER, ALONG WITH FORM PAGE S AND THE PAGE S TO THE CHIEF MEDICAL EXAMINER, AND WITH PAGES 1 AND 2 SHOULD BE DIED WITHIN 3 PHOLY BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE, DIVISION OF WITH RECORDS, 2011 W PRESTION STREET TIMORE, MARYLAND, 21201 PRIQRED OBRIGAL, CREMATION, OR REMOVAL.
7	A DOUGH
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	1-:	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL H		
	I. DEC	CEASED NAME FIRST EOR PRINT)  Benjam	in R	Contee	20. DATE KNOWN TO MONTH OF ESTI- DEATH MATED 8	16 19 83 M
	3. SEX	M BIK	MONTH DAY YEAR LAST BIRTHI	PEARS IF UNDER I YR. IF UNDER DAY) MONTHS DAYS HOURS	R 24 HRS. 26. DATE MONTH PRONOUNCED DEAD 8  9 BALTIMORE CITY OR COUNT	16 1983 8:30A
35	FO	BALTO, Md.	4. S. A.	MARRIED NEVER MARR	Baltimore City	у, мр.
00	]	Baltimore	IT. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  1000 Blk. Macon S	Street	TO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	Retail
25	IJa. Si		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	T3d: INSIDE CITY LIMITS?  YES X NO	7	R 21216
1		Joseph	Contee	15. MOTHER'S MAID	Bos:	TON
1		VAS DECEASED EVER IN U.S. ARME IS, NO OR UNKNOWN) (IF YES, GIVE W)	AR OR DATES)		nce Contre 551	2 Peerless
		PART I DEATH WAS CAUSED I		iniuries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MICHA		Canditians, if any, which	CAUSE (a) Traumatic  Due to, or as a consequence			
		gave rise to immediate cause (a) stating the under- lying cause last.	(b) DUE TO, OR AS A CONSEQUENCE	OF		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PA	ART T (a).	
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
3	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING ♣ OR CONTRIBUTING ☐ CAUSE OF DE	276 TIME OF INJURY HOUR A.M. MONTH DAY YEA EATH ? P.M. 8 1619 8	33 Subject stru	ED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PAR LCK by train	RT 2)
	MEDICAL	WHILE OCCURRED AT WORK AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  railroad tracl	21f LOCATION STREET  KS 1000 B1k. Ma	city or town countries of st., Baltimore	City, Md.
			described above/held an	Autapsy K, Inspection	Undetermined manner	inian
		( (///	. 117h	TITLE (SPECIFY)	iefmedical examiner DATE SIGNEI	8/16/83
1 -		SIGNATURE SIGNATURE	dock frank	M. Deputy Ch.	LE IMEDICAL EXAMINER SIGNE	0/10/03
Ball MOKE, MAK	1	SIGNATURE 100	omas D. SMith, M.D	ADDRESS111	Penn St. Balto.,MD	•
2	230.BI	EXAMINER'S NAME Th (TYPE OR PRINT) Th	DATE 23C. NAME OF CE	ADDRESS 111 EMETERY OF CREMATORY C++4S		ATY M.d. STATE

M SIS 7 IS MED NO TOTAL SEM PORTON AND SET UNITED FOR A PORT AND A SECOND OF THE SECOND OF TH Losiens State State

20M 4/82

	1.	FOR - STATE REGISTRAR		PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL ER'S CERTIFICATE	OF DEATH	8 3 2
15/4		ECEASED NAME FIRST PRE OR PRINT) Rose		MIDDLE	Contee	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
STORY STORY	3. S	F B	5. DATE OF BIRTH MONTH DAY	YEAR LAST DIRTHDA	RS IF UNDER 1 YR. IF UNDER 1 YR. HOURS	R 24 HRS. 2c. DATE  MIN. PRONOUNCED  DEAD	8 7 1983 8:20
JECESSA JNERAL FOR Y WITHIN	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY IN IA	U.S.A.		8. MARRIED NEVER MAR WIDOWED DIVOR	RIED . 9. BALTIMORE CITY CED . Baltimo	OR COUNTY OF DEATH
ELAY IS N TO THE FU PAGE 5 BE FILED,	00	CITY OR TOWN OF DEATH  Baltimore	1153 Wh	ty, give street address) iatcoat Str		12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
21201 F ANY DELA AND 3 TO RETAIN PY HOULD BE I		JAL RESIDENCE (IF IN NURSING HOME O STATE MD 136 COUN	TY	BALTIMORE	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		te Street 2/2//
DEATH. III	24	FATHER'S NAME Spencer Matthe		LAST		Savage	LAST
JRS AFTER D S. GIVE PAG WITH FORM I. PAGES V	160.	WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE Y	WAR ORD ATES)	166 SOCIAL SECURITY 218-07-485		Harcum 1509 S	tricker St.
ECCRDS, 201 W. PRESTON BE EXECUTED WITHIN 24 H ENDING" IN PENCIL IN ITEM WEDICAL EXAMINER ALON AS A BURRAL - TRANSIT PER ALTH AND MENTAL HYGIEN CREMATION, OR REMOVALE		Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying couse lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS (c) (c) CONTRIBUTING TO DEATH BUT		OF NAL DISEASE OR CONDITION GIVEN IN 1	PART 1 (a).	
ITAL RECOR HOULD BE ED RED "PENDIN CHIEF MEDIC USED AS A I OF HEALTH,	CERTIFICATION	19a DATE OF OPERATION		abetes Mel	ATION WAS PERFORMED?		2D AUTOPSY?
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL ER 3 SHOULD BE USED AS A BUY TE DEPARTMENT OF HEALTH AN OUI PRIOR TO GUIRAL.				NONTH DAY YEAR  19 INJURY (ATHOME,	211. LOCATION	RED (ENTER NATURE OF MJURY IN ITEM )	YES NO XX 8 PART 1 OR PART 2)  COUNTY STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WIS PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FIER DEATH, WITH THE STATI BAFFIMORE. MARYIAND. 212		death resulted from: Natur	ol causes XX	crident , Sui	Autopsy . Inspecticide . Homicide . Homicide . Assistan	Undetermined manner   MEDICAL EXAMINER	DATE SIGNED 8-7-83
TO ME EXECUT PAGE TO FUI	230	BURIAL, CREMATION, REMOVAL 2	nnis F. Smy 36 DATE 3/11/83	23c. NAME OF CEA	METERY OR CREMATORY	Penn Street  23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17	24	FUNERAL DIRECTOR  V.R. Bailey Fune			ourn Cemt.	Baltimore ERECO BY REGISTRAR 256 REC	Maryland Sistrar Sqigmanre

		SHAR
		CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3 PETAIN PAGE ALD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED ATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIX.
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	0 H > - H
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	CEASED NAME	FIRST	74121	WIDDLE		CERTIFICATE C	2a. DATE KNO	EG. NO.	DAY YEAR	2ь. Н
(TYP	E OR PRINT)	Corne	lia		(	Cook	OF EST DEATH MAT	ED × 8/2	7/8319	
3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY 2 18	VEAR 6. AGE (1 LAST BIR		HS DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH	DAY YEAR	246
7a B1	RTHPLACE (SI	Black	76 CITIZEN OF WE		18	IED NEVER MARR	A DAITIMORE			
FO	S. Car	olina	U.S.		WIDOV			reCity		
	Baltimo	ore	707 NEHFA	PITAL, NURSING HO CHTY GIVE STREET ADDRE Fremont A	ve.	HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LE		12b. KIND OF B OR INDUS	
USUA 13a S		(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 701 N. E	remont	Ave. 21	217
]4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME		LAST	
	Grady	S EVER WOOD		Cook	10.000	Maggie			Lean	
160 V	ES, NO, OR UNKNO	DEVER IN U.S. AI	RMED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	AD	DRESS		
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		se to immediat stating the <u>under</u> ise last.	< '	AS A CONSEQUEN	CE OF					
NOI	cause (a) lying cou	stating the <u>under</u>	DUE TO, OR			SE OR CONDITION GIVEN IN PA	ŘŤ 1 (a			
CATION	cause (a) lying cou	stating the <u>under</u> se last. GNIFICANT CONDITION	DUE TO, OR  (c)  (CONTRIBUTING TO OBATH		TERMINAL OISEA		ŘŤ 1 lol		20. AUTOPS	
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MEDICAL CERTIFICATION	PART 2 OTHER SIL	GNIFICANT CONDITION  OPERATION  CL CAUSE WAS  OCCURRED  NOT WHILE AT WORK  fy that I taak chair	CONTRIBUTING TO DEATH  19b. CONDIT  21b. TIME OF HOUR A.M. 21e. PLACE C	BUT NOT RELATED TO THE FION FOR WHICH O  FINJURY  MONTH DAY  19  OF INJURY (AT HOM FORY, FARM, ETC.)	PERATION V	OW INJURY OCCURRED  CATION STREET  A Momicide ,	D (ENTER NATURE OF INJURY IN CITY OR TOWN		YES OUNTY	N
MEDICAL CERTIFICATION	PART 2 OTHER SIL	GNIFICANT CONDITION  OPERATION  CL CAUSE WAS  OCCURRED  NOT WHILE AT WORK  fy that I taak chair	DUE TO, OR  (c)  19b. CONDIT  21b. TIME OF HOUR A.M. 21e PLACE C. STREET, FACT	FINJURY  MONTH DAY  TORY, FARM, ETC.)	PERATION V EAR 21c. H EAR 21f. LC	OW INJURY OCCURRED STREET	D LENTER NATURE OF INJURY IN  CITY OR TOWN  In Inquiry	and in my o	YES OUNTY	NC
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23a B)	PART 2 OTHER SII  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTII  21d. INJURY C WHILE AT WORK  22a. 1 certiil deoth results SIGNATURE EXAMINER'S (TYPE OR PRIII	Stating the under se last.  GNIFICANT CONDITION  OPERATION  ALCAUSE WAS GOOD CAUSE OF CAUSE O	DUE TO, OR  (c)  19b. CONDIT  21b. TIME OF HOUR A.M.  PEDEATH P.M.  21e PLACE C.  STREET, FACT  Property of the remains described by the condition of the condi	BUT NOT RELATED TO THE FINJURY  MONTH DAY  OF INJURY  (AT HOM FORY, FARM, ETC.)  Accident  M. D.	PERATION V EAR 21c. H E. 21f. LC	OW INJURY OCCURRED  OCATION SIREET  OSY	D (ENTER NATURE OF INJURY IN  CITY OR TOWN  Inquiry	and in my o	YES DOUNTY  OUNTY  Depinion  8/2  Md. 2120	29/8

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Edward 2/2/23

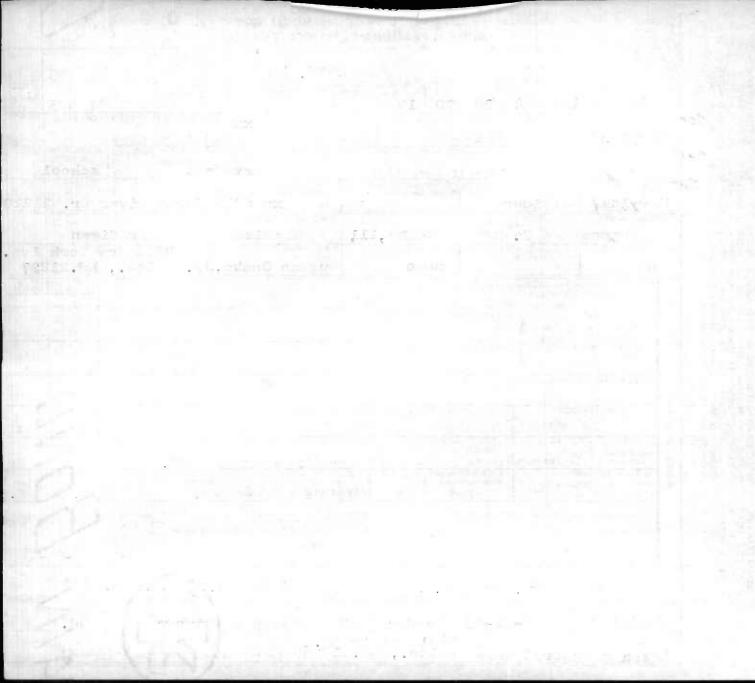
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×	E-208 21	1. FA	THER'S NAME		MIDDLE		C
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- 3	WIT.		18 CAUSE C	F DEATH (Enter of	inly one caus	e per line f	or (a), (b),
N N	24 HO ITEM 1 IONG PERM PERM VAL.		013	IMMEDI.	ATE CAUSE	(o) ML	ILtip
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201	ON SALES		lying coo	ose rost.		(c)	
SOS,	AAN AN		PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIBUTING	G TO DEATH BU	IT NOT RELAT
0	SAA	O					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR; WARDEN OF THE CHIEF MEDICAL EXAMINER ALONG WITH CHIEF MEDICAL EXAMINER ALONG WITH CHIEF WEDICAL EXAMINERS ALONG WITH EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIDED PRORTO BURIAL, CREMATION, OR REMOVAL.	EDICAL CERTIFICATION	19a. DATE OF	OPERATION	191	CONDITI	ON FOR V
¥	JEST STATE	Ē	1				
OF V	MENT NO BE	CER		AL CAUSE WAS	216	OUR X.X.	NJURY
N	ARTIN STAN	M	CONTRIBUTE	G ⊠OR NG □ CAUSE OI	DEATH 2	20 P.M.	8-16
ISIO	WRITING WRITING ARDED TO AGE 3 SH ATE DEPAI	ĕ	216 INJURY		210	PLACE O	FINJURY
PIV	RED S C	2	WHILE AT WORK	NOT WHILE	8	STREET, FACTO	
	JER: THIS CERTING CATE, WRITING FORWARDED OR: PAGE 3 SI HE STATE DER					roa	
	EXAMINER: CERTIFICATE JUD BE FORD DIRECTOR: WITH THE S WARRIAND		22a. I certi	fy that I taak cha	rge of the re	mains desci	ribed abav
	<b>製造品のままり</b>		death result	ed fram: Nat	ural causes	٠. ي	Accident
	DICAL EXAMITE THE CERTIFICATION OF A SHOULD BE NERAL DIRECT DEATH, WITH AORE, MARKLING MARKLI		ACTUAL	Da		1	
	A HANGE		SIGNATURE.	111	XX	NOO	-
	NO DE	-	EXAMINER'S	NAME IN-	- W/5	11/00	MD
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT.  TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. BAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BAITMONE, MARYLAND THOU PHORE HEALTH AND MENTAL HYGIENE, D BAITMONE, MARYLAND THOU PROPERTY OF HEALTH AND MENTAL HYGIENE, D BAITMONE, MARYLAND THOUR PHORE THE WORLD BURRAL, CREMATION, OR REMOVAL.		(TYPE OR PRI	NT) / 3/ALI		Dixon,	
	EUSE AU	(5	PECIFY)	TION, REMOVAL			23c. N
	BP	В	urial		8-2	0-83	Lo

DHMH - 17 (VR A15 ME (5))

20M 4/82

1	FOR		D			ARYLAND	AYGIENI	. 2	6 0	3	d	
1	= STATE REGISTRAR			ICAL EXAMI			OF DEA		REG. NO.			
1	DECEASED NAMI	FIRST		MIDDLE		LAST		O DATE KN		MONTH	DAY YEAR	2b. HOUR
D	E OR PRINT)	EUGEN	JF.			COOKE, III		OF E	SII-	0	17 10 07	
1 3	SEX 4		5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	IDER TYR. IF UNDER	24 HRS. 2	2c. DATE		MONTH	17 19 83 DAY YEAR	4:35
L	Male	White	4 28	70 LAST BIRTH	YRS.		MIN	PRONOUNCE		8	17 19 83	4:35 DM
17.	BIRTHPLACE (S)	TATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MARR	IEDXXX	9. BALTIMOR	RE CITY OR	COUNT	Y OF DEATH	
	Marylai		USA		WIDOW		ED [	Baltim	ore C	ity		MD.
10.	CITY OR TOWN	/	(IF NOT IN SUCH FACE	ITAL, NURSING HOA	5}	ER INSTITUTION	12a USU	AL OCCUPAT OST OF WORKIN Ident	TION (TYPE C	OF WORK	OR INDUST SChoo	RY
Jes	Baltimor UAL RESIDENCE	(IF IN NURSING HOME OF	Universi OTHER INSTITUTION GIVE	TY HOSDIT	SSION		Suu	dellt			SCIIOO.	
	STATE Marylar	nd Balti	more	RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS? YES UP PRESENTED IN CONTROL		6 Nor	th R	ive	r Dr.	21220
1	FATHER'S NAME		MIDDLE	LAST	T	15. MOTHER'S MAIDE FIRST Kath		MIDD		mo dá	LAST	
1	Euge	DEVER IN U.S. ARM	ED FORCES?	Cooke		17. INFORMANT	тееп				igan w York	A ===
1	(YES, NO, OR UNKNO	WN) (IF YES, GIVE W		none		Eugene C	ooke					
F		F DEATH (Enter only	one cause per line f			- ugono o	700110	,,01.	DUL U	.,	APPROXIMAT	EINTERVAL
١.	PART I DE	ATH WAS CAUSED	RY	ıltiple in	iurio						BETWEEN ONSE	T AND DEATH
-	813	3 6 IMMEDIATI		AS A CONSEQUENCE		2						
1		ns, if any, which	1								1500	
	cause (a)	se to immediate stating the <u>under-</u>	DUE TO, OR A	AS A CONSEQUENCE	E OF							
	lying cau	se last.	(c)									
		GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TE	RMINAL OISEASE	DR CONDITION GIVEN IN PA	ART I tal.					
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1 3	E INC. DATE OF	OFERATION	TVB. CONDITA	ON FOR WHICH OF	EKAHON W.	AS PERFORMED!						43
Control	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	21c. HC	OW INJURY OCCURRE	ED (ENTERN	IATURE OF INJURY	Y IN ITEM 18 PA	RT 1 OR PAR	YES L	NO X
		S ⊠ OR	HOUR X.M.	MONTH DAY YE								
100	21d INJURY	CCUPPED	21e PLACE OF	FINJURY (ATHOME.	211. LO	cyclist st	ruck	by au i	0.			
1	WHILE AT WORK	NOT WHILE &	STREET, FACTO	ORY, FARM, ETC.)		ginia & Br	ian A	CITY OR TOWN		Ba	ilto.	Md.
				ribed abave, held an			L A	Inquiry [	and	in my api		
1	death result				Suicide	, Hamicide .		ermined mann		, op.		7. 10
		Ma	01			TITLE (SPECIFY)					0.46	0.7
	SIGNATURE,	MM	for ky		M	D Assistan	T_MEDI	CALEXAMIN	ER	SIGNE	8-18	-83
4	EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	, M.D.		ADDRESS 111 Po	enn S	it., Ba	alto.,	Md.	21201	
23	BURIAL, CREMA	TION, REMOVAL 23		23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOC	CATION		COUN	ITY 5	TATE
	Burial		8-20-83	Loudon	Park	c Cemeter		ltimo			Md.	
24	FUNERAL DIRECT		ADDRESS	7401 Be	lair	Rd AUG	REC'D. BY	REGISTRAR	256. REGIST	RAR'S SI	GNATURE	4
	Lassahi	n Funera	1 Home	Balto.,	Md.2	1239 AUG	40	303	oun	X- L	shelf	



# rectar, page 3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages (and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar aither traumatic event, the medical exorther must be nowified. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

STATE OF MARYLAND

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- STATE REGISTRAR		DEPARIM	CERTIFICATE O		REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	porothy	MIDDLE	Cooper :		8/14/1983	ONTH DAY YE	2b. HOUR
3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH		
Female	Blac	k	12/7/19	10 YEAR	727	YRS.	DAYS HOURS MIN.
To. BIRTHPLACE (STATEO	REFOREIGN 76. CITIZEN O	F WHAT COUNTRY?	8	-4	9. BALTIMORE CITY OR		гн
Laurel,	MD U.S.	Λ	MARRIED   NEV	DIVORCED T	Baltimore	City	MD
Baltimore	ATH 11. NAME O	F HOSPITAL, NURSING	HOME OR OTHER		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Domestic	N 12b. KI	ND OF BUSINESS OR
USUAL RESIDENCE (IF NU	RSING HOME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFORE A	(DMISSION)		Dolliescic		
MD STATE	13b COUNTY	13c. CITY OR TOWN		DE CITY LIMITS?	13e. STREET ADDRESS		21220
MD 14. FATHER'S NAME		Baltimor		IER'S MAIDEN NAM	752 Northro	ope Lane	21220
Samuel	MIDDLE	Cooper	C AND THE REAL PROPERTY.	arriet	WIDDLE		LAST
16a. WAS DECEASED EVE	R IN U.S. ARMED FORCES		ITY NO. 17 INFOR	THAM	ADDRES	S	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	112-26-5	301   Anna	Bundy 2	418 N. Stock	kston St.	21217
Conditions, if on gove rise to in couse (a), story underlying course (b). PART 2 OTHER SIG	y, which (b) mediate ing the lost. (c) SNIFICANT CONDITIONS	OR AS A CONSEQUENT OR AS A CONSEQUENT CONTRIBUTING TO DISCOURT OF INJURY	NCE OF  EATH BUT NOT RELA  PERAT ON WAS RE	REFORMED P	200 AUTOPSY7	10b. IF YES, WERE F IN CERTIFYING CA YES [	INDINGS USED USES OF DEATH?
OR CONTRIBUTION OF	110110	A.M. MONTH DAY	Y YEAR	V INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAI	RT 2)
(IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOT NAT WORK AT WORK	RRED 21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, FAI	19 211 LOC	ATION	CITY OR TOW	N COUN	TY STATE
sow the deces	(did) (did not) view the boo	114/198	, and that in (	my) ( <del>our) o</del> pinion d  ATTENDING PHYSICIAN	death accurred on the dat  MEDICAL STAFF DIRECTOR   PHYSICIA	220. 0	n the couses stated
22d. PHYSICIAN'S	NAME (TYPE OR PRINT)		22e. ADD		Parent Prinsien		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Burial 8/18/83 Mt.

24 FUNERAL DIRECTOR

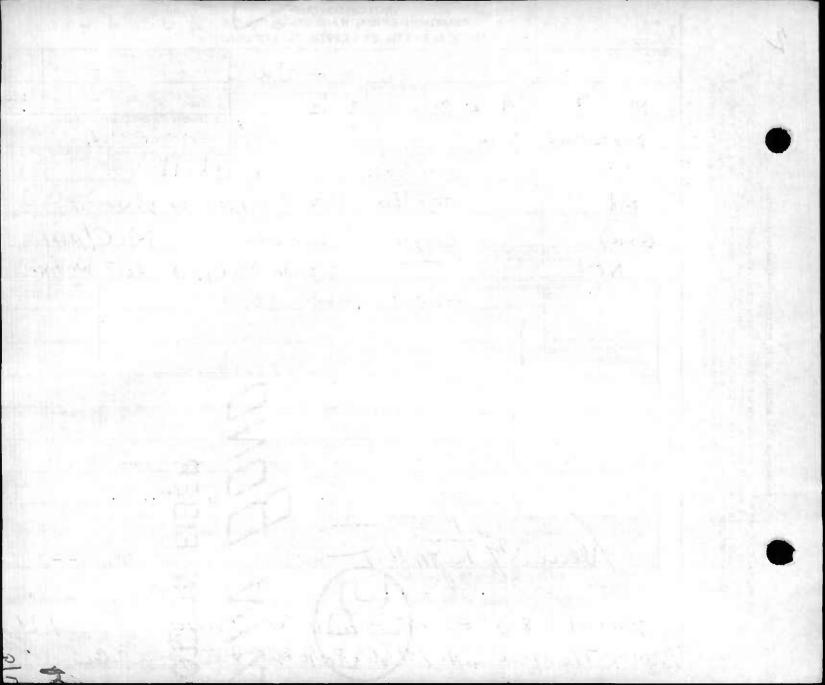
Wm C. Brown Comm. F/H. 1206-08 W. North Ave.

Py Baltimore Marylan 250. DATE REC'D. BY REGISTRAR 230. PGISTRAR'S SIGNATURE AUG 2 9 198?

No. 3 & L.S. R. 1985 P. Solling Co. and J. S. L. S. L.

セ	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES. REVIEWED SECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERA DIPLETOR AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR VOICE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT. PAGES YAND 2 SHOULD BE FILED, WITHIN THE THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH ITE SCORDS, 201 W PRESTON STREET, MAD WANDER MAD WAND STAND TO RIDIAL CPEMATION OF PRINCIPLE.

1 - STATE REGISTRAR			HEALTH AND MENTAL NER'S CERTIFICATE		U S S	Q.
I. DECEASED NAME	FIRST	WIDDLE	LAST	2a DATE KI	NOWNXX MONTH	DAY YEAR 2
	Gary		Cooper J	DEATH A	MATED 1	3 1983
3 SEX 4. RACE		RTH 6. AGE (IN LAST BIRTH		R 24 HRS 2c. DATE MIN. PRONOUNC	MONTH	DAY YEAR 2
M	5 4		YRS. 3 /2	DEAD	8	2 1982
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED   NEVER MAR	RIED 🔀	RE CITY OR COUNT	
10. CITY OR TOWN OF DEA	MARY USA	HOSPITAL MILESIMO	WIDOWED DIVOR		timore Ci	TY,
	(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS	)	12a USUAL OCCUPA FOR MOST O WORKIN	4- LINE)	OR INDUSTRY
Baltimore USUAL RESIDENCE (IF IN NUR		Secours Hosp		1 6.41	19	11000
13a. STATE Md	131 COUNTY	13. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO [		VINE	130
14. FATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIL FIRST	DEN NAME MIDE	DIE DIE	LAST
GARY	INITIO A PAGE FOR CECO	166. SOCIAL SECUR	ITY NO. 17 INFORMANT	YA	ADDRES (	MAIN
	(IF YES, GIVE WAR OR DATES)	166. SOCIAL SECOR	1124/10	NO. C.l.	ADDRESS	2 112 1/11
TR CAUSE OF DEATH	H /Fatar anly and rays	- li f (-) (b) d (-)	LOONOH	1912/191	N /613	APPROXIMATE IN
PART I DEATH W			Compression of	Chest		BETWEEN ONSET A
9729	IMMEDIATE CAUSE (a)  ( DUE TO	OR AS A CONSEQUENCE		011031		
Conditions, if a	ny, which					1
	immediate / (h)					
gove rise to couse (a) stating		, OR AS A CONSEQUENC	E OF			-
gove rise to couse (a) stating lying cause last.	the <u>under-</u> DUE TO					
gove rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICANT	the <u>under-</u> DUE TO		E OF RMINAL DISEASE OR CONDITION GIVEN IN I	*ART 1 of		
gove rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICANT	the <u>under-</u> (c) (c) (CONDITIONS CONTRIBUTING TO 0	EATH BUT NOT RELATED TO THE TE		PART I · a		20. AUTOPSY?
gove rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICANT	TION 196. CO	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN I			YES XX
gove rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICANT	TION 196. CO	NOTIFICATE OF THE TE	ERATION WAS PERFORMED?	RED (ENTER NATURE OF INJUR		YES XX
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PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERA  210. EXTERNAL CAUS  UNDERLYING CONTRIBUTING 21d. INJURY OCCURR  WHILE AT WORK  220.) certify that	TION 196. CO  SE WAS 276 TIM HOUR 2 CAUSE OF DEATH 2 CRED 216. PLA STREET ORK	MALE OF INJURY  A.M. MONTH DAY YE  P.M. 8 3 19 8  CC OF INJURY  ACCONTAGE  ACCONTAGE  HOME	RMINAL DISEASE OR CONDITION GIVEN IN I	ght between  Street, Ba  an	mattress and in my op	YES XX I
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PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERA  210. EXTERNAL CAUS  UNDERLYING CONTRIBUTING 21d. INJURY OCCURR  WHILE AT WORK  220.) certify that	TION 196. CO  SE WAS 276 TIM HOUR 2 CAUSE OF DEATH 2 CRED 216. PLA STREET ORK	MALE OF INJURY  A.M. MONTH DAY YE  P.M. 8 3 19 8  CC OF INJURY  ACCONTAGE  ACCONTAGE  HOME	RMINAL DISEASE OR CONDITION GIVEN IN I	ght between  Street, Ba  an	mathress of too, Md.	YES XX I
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PART 2 OTNER SIGNIFICANT  PART 2 OTNER SIGNIFICANT  19a. DATE OF OPERA  21a. EXTERNAL CAUS  UNDERLYING CONTRIBUTING CONTRIBUTING AT WORK  22a.) certify that  death resulted from	TION 196. CO  TION 196. CO  TION 196. CO  TION 276 TIME TIME TO 10  TION 196. CO  TION 196. CO  TION 276 TIME TIME TIME TO 10  TION 196. CO  T	MALE OF INJURY  A.M. MONTH DAY YE  P.M. 8 3 19 8  CC OF INJURY  ACCONTAGE  ACCONTAGE  HOME	RMINAL DISEASE OR CONDITION GIVEN IN I  ERATION WAS PERFORMED?  216. HOW INJURY OCCURR  AS SUBJECT CAU  216. LOCATION STREET  23 N. MOUNT  Autopsy XX. Inspects  Suicide, Hamicide  TITLE (SPECIFY)  M.D. ASSISTA	ght between  Street, Ba  an	mathress and in my op ner  DATE SIGNE	YES XX I
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PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERA  UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK  27a.) certify that death resulted from ACUAL  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURIAL, CREMATION, RI (SPECIFY)  23a. BURIAL, CREMATION, RI (SPECIFY)	TION 196. CO  SE WAS 216 TIM HOUR 2 CAUSE OF DEATH 2 STREET ORK  Dennis F.	MATH BUT NOT RELATED TO THE TE  MOTITION FOR WHICH OPE  ME OF INJURY A.M. MONTH DAY YE P.M. 8 3 19 P.M. 8 3 19 M. MOTITION FOR MATHEMATICAL STREET  HOME  MATHEMATICAL STREET  STRYTH, M.D.	RMINAL DISEASE OR CONDITION GIVEN IN I  ERATION WAS PERFORMED?  21c. HOW INJURY OCCURE  AS SUBJECT CAU  21f. LOCATION STREET 23 N. MOUNT  Autopsy XX. Inspects  Autopsy XX. Inspects  TITLE (SPECIFY)  M.D. ASSISTA	Street, Ba an Inquiry Undetermined mani	mathress  Ito., Md.  and in my op  ner   DATE SIGNE  reet	YES XX and wall unity binion 8-3-83
GOVE rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERA  21a. EXTERNAL CAUS  UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION AT WORK  22a.) certify that death resulted from ACTUAL  EXAMINER'S NAME (TYPE OR PRINT)	TION 196. CO  SE WAS 216 TIM HOUR 2 CAUSE OF DEATH 2 STREET ORK  Dennis F.	MATH BUT NOT RELATED TO THE TE  MOTITION FOR WHICH OPE  ME OF INJURY A.M. MONTH DAY YE P.M. 8 3 19 P.M. 8 3 19 M. MOTITION FOR MATHEMATICAL STREET  HOME  MATHEMATICAL STREET  STRYTH, M.D.	RMINAL DISEASE OR CONDITION GIVEN IN I  ERATION WAS PERFORMED?  21c. HOW INJURY OCCURE  AS SUBJECT CAU  21f. LOCATION STREET 23 N. MOUNT  Autopsy XX. Inspects  Autopsy XX. Inspects  TITLE (SPECIFY)  M.D. ASSISTA	ght between Street, Ba on	mathress  Ito., Md.  and in my op  ner   DATE SIGNE  reet	YES XX and wall unity binion 8-3-83



TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAR NYGISME

-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST LELT	MIDDLE	COOPER	20. DATE OF DEATH MC	P 13 83 3.30
3. SEX	EMALE	4 RACE BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	YRS.
	RTHPLACE (STATE OR FO CO. M.)	76. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED   NEVER MARRIED  WIDOWED   DIVORCED	11 2 11 12	OUNTY OF DEATH
-	ALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION BET ADDRESS) 01774	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
USUA 130, ST				S? 130, STREET ADDRESS R	DEERS, AVE
IL FAT	DAUID!	MIDDLE GRA	15. MOTHER'S MAIDER	NAME MIDDLE	Anderson
	AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (1F YES, GI	PRMED FORCES? SOCIAL SE VE WAR OR D (ES) 216-09-	5410 Mrs. mr	regaret GASA	way 4401N. Roge
	PART I. DEATH WAS CAUSE	nly one cause per line for (o), (b), ED BY: TE CAUSE (a)	Copalmonary	arrect.	APPROXIMATE LITERY BETWEEN ONSET AND D
	4149 Conditions, if ony, which	DUE TO, OR AS A CONSEC	QUENCE OF phlmpnan	Cardiac tampo	Heart attack
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF arkery dis	eak;	
NO	PART 2 OTHER SIGNIFICANT Hyper Len Jion	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES \rightarrow NO \rightarrow
ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IF	NITEM 18 PART 1 OR PART 2)
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	ZII LOCATION STREET	CITY OR TOWN	COUNTY STA
	sow the deceased alive or above, (I) (we) (did) (did no	ital) ottended the deceased from  Pront 1 19  ot) view the body after death.	, ond that in (my) (our) op	inion death occurred on the date	ond hour and from the causes stat
	226. SIGNATURE	an With	DEGREE ATTENDIT PHYSICIA	NG MEDICAL STAFF	PAGNIL 1.
	22d PHYSICIAN'S NAME (TYPE	WISTER I	MD 220. ADDRESS	AI HOJPITAL	

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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

O hotel not Dre Low Emmi Horre The live padice was transferred

DEPOYMENT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be executed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 than the first than 12 hours often death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	WPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at large

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	ICATE OF D			6. NO.				
I	I. DEC	EASED NAME	FIRST		MIDDLE	- i	AST		20. DATE OF DEAT		DAY	YEAR	2b. HOUF	R
	(TYPE	OR PRINT)	11.			(	0000	7 -		8	28	1983	800	A 44
	3. SEX	w,	Mia	RACE		5. DATE C		7 26	6. AGE (IN YEARS LAS			DER I YEAR	IF UNDER 2	24 HRS
1	3. 3EA	~ \				MONTH		1923	59	V.D.	MONTH	SDAYS	HOURS	MIN.
	70 RIE	RTHPLACE (STATE OR	FOREIGN 7h	CITIZEN OF	WHAT COUNT	DV2 0			9. BALTIMORE CIT	Y OR COUN		EATH		
5	C	OUNTRY)	POREIGN /0			MARRIE	D MEVERA	AARRIED '						
		ryland  TY OR TOWN OF DEA	ATH 11	US	HOSPITAL, NU	WIDOWE		VORCED	Baltim			h KIND O	F BUSINE	SS OR
1	1			(IF NOT IN SUC	CH FACILITY, GIVE ST	REET ADDRESS)	ON OTTIER 11431	11011011	(TYPE OF WORK FOR ME		G LIFE) IN	DUSTRY		
		ltimore			Hospita				Broker		F	teal	Esta	te_
	13a. S	L RESIDENCE (IF NURS	131. COUNT	HER INSTITUTION	13c. CITY OR T	OWN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRE	SS				
1	Man	ryland	Harfo	rd	Aberd	een	YES 😓	NO 🗆	461 Para	dise F	load	21	001	
77	14. FA	THER'S NAME	MI	DDLE	LAST			FIRST	AE MIDD	LE		LAS	т	
		William		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cooper		100	ette			Me	eks		
		AS DECEASED EVER			166. SOCIAL S	ECURITY NO.	17. INFORMA	NT	AC	Maryla	and 2	רססד		
1	/ IY	Yes, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  Yes  WW-II  217-26-					Carme	L T Coo	ner 161 P	aradis	anu a	I. Ab	eme	en.
							7003.4057	1 0000				APPROXI	MATE INTER	VAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardia by Immediate  Access												
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony	which		ras a conse	17 .	2							
		gove rise to imi	mediote	,										
		couse (a), stoting the underlying couse lost.					olon a	Longens	conoma					
		PART 2. OTHER SIG	NIFICANT CO	(0)						ONDITION	GIVEN IN	PART 10	o ,	
	Z O													
1	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	DITION FOR WE	TICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF	YES, WE	RE FINDIN	OF DEAT	)
	IFIC			1					YES TO NO	_	YES [	CAUSES	NO [	
7	ER	21a. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I	OR PART 2)		
1		OR CONTRIBUTING		'	.M. MONTH									
	MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR			OF INJURY	19	21f. LOCATIO	ON						
	ME	WHILE NOT W	HILE []		TREET, FACTORY, OF	FICE, FARM, ETC )	STREET		CITY	OR TOWN	(	OUNTY	5	TATE
		AT WORK AT WO	ORK	D. sates also d. Al				. 19	to		19		that (I) (v	we) lost
		220.1 certify that (I's saw the decease		i) ottended ti	ne deceosed tr		nd that in (my)		death occurred on t	he date and				
		obove, (1) (we) (	(did) (did not)	view the body	y ofter death.		DEGREE	(000)				22c. DATE		
		22b. SIGNATURE	00	00	1.			ATTENDING _		STAFF	/	8/1	\$/0	2
_		77d. PHYSICIAN'S N	wh C	Kuch	arely N	10	122e. ADDRES	PHYSICIAN _	DIRECTOR PH	YSICIAN 🗾		0/ 0	0/0	3
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)	1		ZZE. ADDRES							
		Mock	E.	Kich	chards	MD			- Inc. 16 - 17 - 17					
	23a. B	BURIAL, CREMATION	, REMOVAL	23b. DATE	4 (0.50)	23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION CITY OF TOV		co	YINU	5	STATE
		Buria		09/01	/83	Harford	Mem.					rfor		•—
	24. FU	UNERAL DIRECTOR			ADDR	ESS		750. DAT	E REC'D. BY REGIST	KAR ZOURE	JISTRAR'	SSIGNAT	URL	1
	Ta	rring Fune	eral Ho	me. P.	A. Aber	deen Mo	1.21001	3395	R/2= 135	3 Noc	mo	per com	- Wy	-

P.A. Aberdeen Md 21001-339

DHMH - 16 50M 4/82 (VRA 15, 4)

Tarring Funeral Home.

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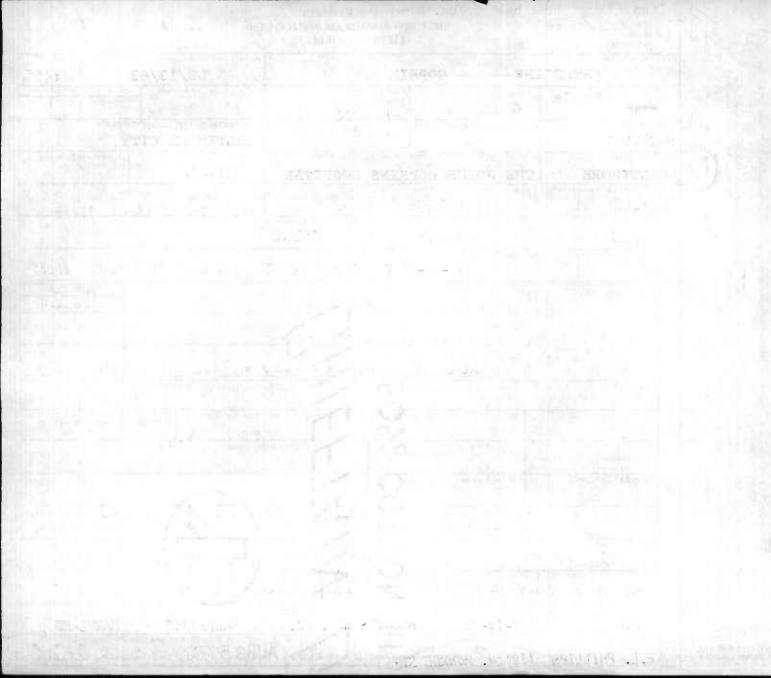
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VISION OF VITAL RECORDS, 201 W. PRESTON ST.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital or ottending physicion.

BP. DHMH - 16 50M (VRA 15, 4)

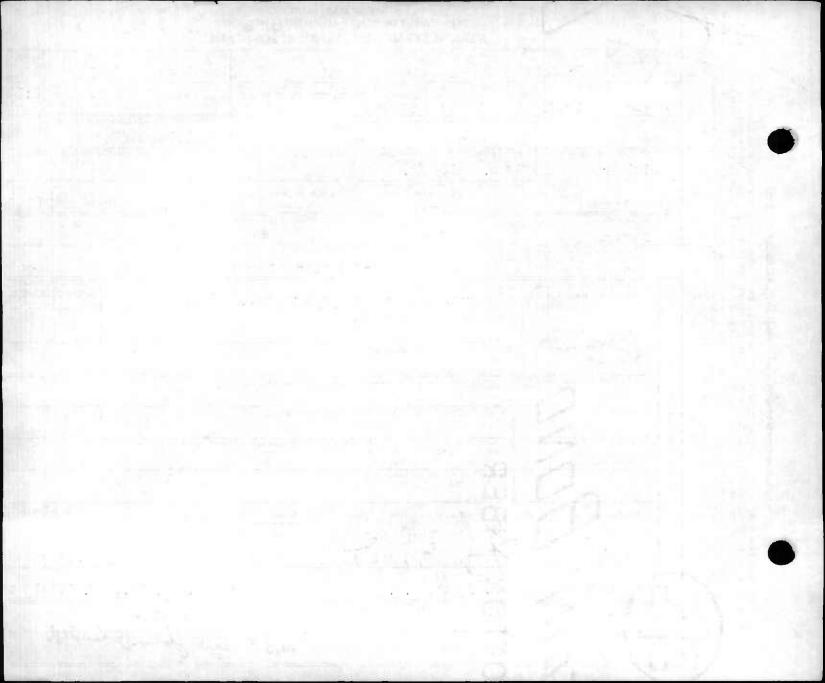
		CEASED NAME FIRST CATHER	INE CORE		AST			YEAR	26. HOUR 4:45	
		MALE	4. RACE BLACK	S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H HOURS M	
	MÁ	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O BALTIMOR				
M	В	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, THE JOHNS HOE	PKINS	HOSPITAL	170. USUAL OCCUPATION RETTRED	ON OF WORKING LIFE	12b. KIND OI INDUSTRY	F BUSINESS	
r musi In	MA	RYLAND 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY SALTIMORE	ADMISSION)	YES NO	13e. STREET ADDRESS	NT LAI	NE 21	215	
	14. F.A	WILLIAM	MIDDLE PRATHER		15. MOTHER'S MAIDEN NAME CARRIE			LAST		
medicol	16a V	NAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 213-26-0		RODNEY CORBI	N 101 LONG		PLACE	2120	
umotic		Conditions, it any, which	DUE TO, OR AS A CONSEQUE	NCE OF	RY APREST					
vs ony injury, or other troumotic	FICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ENCE OF ENCE OF STRUCT DEATH BUT	TIVE PULMONARY	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?	
em 18 shows any injury, or other troumotic	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE  (c) CHRONIC OB:  CONDITIONS CONTRIBUTING TO E  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	ENCE OF  STRUCT  DEATH BUT  OPERATION	TIVE PULMONARY	NAL DISEASE OR CONI	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED	
- /	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (c) CHRONIC OB:  CONDITIONS CONTRIBUTING TO E  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	ENCE OF STRUCTO DEATH BUT OPERATION  OPERATION  19	TIVE PULMONARY NOT RELATED TO THE TERM N WAS PERFORMED	NAL DISEASE OR CONI	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?	
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### STATE OF MARYLAND

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DELAY IS NECESSAR.  3 TO THE FUNERAL D.  N PAGE 5 FOR YO.  DE FILED, WITHIN Z.  PDS, 201 W PRESTOR		altimo			N. Amity St.							OK 11400311	<b>(</b> )				
AND AND A SECOND A SE	Maryland   13b. COUNTY				ITUTION, GIVE RESIDENCE BEFORE ADMISSION)    13c, CITY OR TOWN			ESS Am	Amity Street 212			21223					
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JB. GIB. GIT. PA		18. CAUSE C	OF DEATH (Enter	anly ane caus	e per line fai	r (a), (b), a	nd (c).)					1				APPROXIMATI	EINTERVAL
PERM PERM SIENE		421		IATE CAUSE (	0)		clero		cardi	ovasc	ular	dise	ase				
THIN 24 IN ITEL IN ITEL ALON ITEL AL		Canditions, if any, which															
A LA		cause (a	se to immedic ) stating the <u>und</u>	< ·	E TO, OR AS	A CONSE	QUENCE C	)F		_							
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BE EXECUTED SUBJUST IN PROPERTY OF A BURIAL AND ME ALTH AND ME CREMATION,	NO	PART 2 OTHER S	IGNIFICANT CONDITIO	NS <u>CONTRIBUTING</u>	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASI	OR CONDITIO	IN GIVEN IN P	ART 1 (a).						
HEA A MEA	CATI	190 DATE OF	OPERATION	196	CONDITIO	N FOR WI	HICH OPER	ATION W	AS PERFOR	RMED?					29	AUTOPSY'	2
S S S S S S S S S S S S S S S S S S S	RTIFI	AL ENTERNI	AL CAUSE WAS		. TIME OF IN			To								YES 🗌	NO X
TO THE WOOD BE HOULD BE ARTMENT OR TO BE	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	OR CAUSE C	F DEATH	OUR A.M. A P.M.	MONTH D	AY YEAR		OW INJURY	CCCURR	ED (ENTER I	NATURE OF IP	NJURY IN ITEA	4 18 PART 1	OR PART 2)		
HIS CERT WRITING ARDED AGE 3 SI ATE DEP	MEDI	WHILE AT WORK	NOT WHILE AT WORK		PLACE OF		AT HOME,		TREET	•		CITY OR TO	OWN		COUNTY		STATE
CATE, TORN FORW TORN PARENT THE STAND, 3			fy that I taak chi		V/ //	Г	7 "	Autop		Inspection		Inquiry		and in n	ny apinian		
EXAMINER: CERTIFICATI VILD BE FOR L DIRECTOR: I, WITH THE: MARYLAND,		, death result	ed fram: No	tural causes	JA KA	ccident L	Sui	cide 🔲	, Hami	cide	Undet	ermined m	nanner _	_],			
A HOUSE		ACTUAL SIGNATUR	Neu	und	1/n	wy	hn	WM			int MED	ICAL EXA	MINER	D. SI	ATE IGNED	8/1/	83
TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, N		EXAMINER'S (TYPE OR PRI		ennis					ADDRESS_		1 Per	nn St	., Ba	alto.	, Md	. 212	01
Bb——Bb——			tion, removal L	8/4/	/83	Md Md	. Ve	teryo	n Ce		cuC		nsvi		- 0	Md	₹ <sup>TE</sup>
DHMH - 17 (VR A15 ME (5))		MAMEC M	arch F	H Inc	ADDRESS 1	01 E	Nor	th A	ve.	AUG	REC'D. BY	1983R	AR RULE	GISTRA	RY SIGN	swelf.	



### STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEASED NAME FIRST	MIDDLE			REG. NO.					
(TYPE OR PRINT)	MIDDLE	LA	ST	20. DATE OF DEATH MON	TH DAY Y	AR 2b. HOUR			
Se	rah	Cornish		Δ1101	ust 8, 1	983 9:10			
1.5EX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA)					
E-	PINCE	MONTH	OAN- YEAR	75		DAYS HOURS M			
1 4	137475	. 12	80.08	13	YRS.				
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR CO		тн			
CHIERT CO.	USA	WIDOWE		Baltimore	City				
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			12a. USUAL OCCUPATION	12b. K	ND OF BUSINESS			
Baltimore	(IF NOT IN SUCH FACILITY, GIVE Maryland	General	Hospital	DOMES TO C	ORKING LIFE) INDU	STRY			
USUAL RESIDENCE (IF NURSING HOME CI 130. STATE 13b. COU		E BEFORE ADMISSION)	YES 🔀 NO 🗌	130 STREET ADDRESS	olloh	NE /			
14. FATHER'S NAME	MIDDLE LAS	57	15. MOTHER'S MAIDEN NAM	WIODTE WIODTE		LAST			
SAMUEL	Cornis	sh	Mary		John	B			
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS					
(YES, NO OR UNKNOWN) (IF YES, G	ar or dates)	0-8034	Patricia Wi	Allace 224		more			
	only one cause per line for (0), (	(b), and (c).)			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA			
	PART I. DEATH WAS CAUSED BY:  Aspiration  MMEDIATE CAUSE (0)								
underlying couse last.	couse (0), stoting the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF Adenocarcinoma of the Colon								
	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	IN		USES OF DEATH?			
		VHICH OPERATION		YES NOX	CERTIFYING CA	USES OF DEATH?			
190. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			IN	CERTIFYING CA	USES OF DEATH?			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCURR	YES NOX	CERTIFYING CA	USES OF DEATH?			
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 210. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR		YES NOX	CERTIFYING CA	USES OF DEATH? NO  RT 2)			
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190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify tho XI) (this hose sow the deceased alive o above two (did xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	EATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 211. LOCATION STREET	YES NOS IN  YES NOS INJURY IN  CITY OR TOWN	I CERTIFYING CA YES	USES OF DEATH? NO TY  STATE  TY  STATE  (we)			
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify tho XI) (this hose sow the deceased alive o	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 DEFICE, FARM, ETC.) from	21c. HOW INJURY OCCURR  211. LOCATION STREET  25 19 83 d that in My) (our) opinion of	YES NOS IN YES ON NOTE OF INJURY IN CITY OR TOWN  To August (eath occurred on the date of the company of the date of the da	COUNTY AND THE STATE OF THE STA	USES OF DEATH? NO TY  STATE  TY  STATE  (we)			
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify tho XI) (this hose sow the deceased alive o above two (did xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 DEFICE, FARM, ETC.) from July 19.83, on	211. LOCATION STREET  25, 19 83 d that in 19 y (our) opinion of DEGREE	YES NOS IN  YES NOS INJURY IN  CITY OR TOWN  The August Staff  MEDICAL STAFF	COUN  COUN  COUN  19 8  220.	USES OF DEATH? NO TY  STATE  3, that **X* (we) I'm the couses stated			
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI UTE ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify tho XI) (this hose sow the deceased alive o above X we) (did X X X X	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O  portal) attended the deceased of August 8  not) view the body after death.	H DAY YEAR 19 DEFICE, FARM, ETC.) from July 19.83, on	211. LOCATION STREET  25, 19 83 d that in 19 y (our) opinion of DEGREE	YES NOS IN YES ON NO	COUN  COUN  COUN  19 8  220.	USES OF DEATH? NO TO STATE  3., that % (we) to the couses stated DATE SIGNED			
19a, DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOTIFY HOUSE AT WORK  22a. I certify thouse)  Sow the deceased alive of obover the real obover the real of the real obover the r	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O  portal) attended the deceased of August 8  Not) view the body after death.	H DAY YEAR 19 DEFICE, FARM, ETC.) from July 19.83, on	211. LOCATION STREET  25 , 19 83 d that in May) (our) apinion of DEGREE ATTENDING PHYSICIAN 222e ADDRESS	YES NOS IN  YES NOS INJURY IN  CITY OR TOWN  The August Staff  MEDICAL STAFF	COUN  Resident Services Coun	USES OF DEATH? NO TO STATE  3., that % (we) to the couses stated DATE SIGNED			
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DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterioned by the hospital or ottending physicion.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINNE CERTIFICATE OF DEATH

STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MIDDLE MONTH YEAR 2b. HOUR LTYPE OR PRINTS PATRICIA ANN COUCH 08 18 83 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) 33 FEMALE WHITE 10-9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. BALTIMORE CITY DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ST. AGNES HOSPITAL - E.R. PRODUCTION BALTIMORE PUREX CORP. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE LANSDOWNE 2410 SARATOGA AVENUE, 21227 NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE WILLIAM WIMPLING MARIE HAMILTON 186, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATES! NO 212-30-3638 NORMAN COUCH 2410 SARATOGA AVENUE, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 7 18. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STREET WHILE NOT WHILE AL WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive as abave, (1) (we) (did) (did) at 1 mm that a fee death containing death accurred an the date and haur and from the couses stated and that in (my) 22b. SIGNATUR DEGREE 22c. DATESIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PATE) 22e. ADDRESS HARRY L. KNIPP 5411 OLD FREDERICK ROAD, 2122

23c NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 4/82

TO FUNERAL E should be detain with the State D

24. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

23b. DATE

08-22-83

23a. BURIAL, CREMATION, REMOVAL

BURIAL

BALTIMORE NATIONAL BALTIMORE CITY

23d LOCATION CITY OF TOWN

MARYLAND

COUNTY

MARKET SECTION OF THE PROPERTY OF

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH 7h HOUR (TYPE OR PRINT) William T. COUNTESS Sr. 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAY .Male White Aug. 1918 65 BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Baltimore Citv 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Sinai Hospital Salesman Dair JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. Balto. 7023 H Lachian Circle 21239 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Shenning James Countess Margaret ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Doris E. Countess Same Yes WW 11 215-03-4144 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 100 min Embolism Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Main. to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 90. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 2018 Sam sow the deceased alive on difference obove, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN Brook ford circle Pikes will MD 21208. 7903 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY Burial 8-23-83 New Cathedral Balto. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co., Balto., Md.

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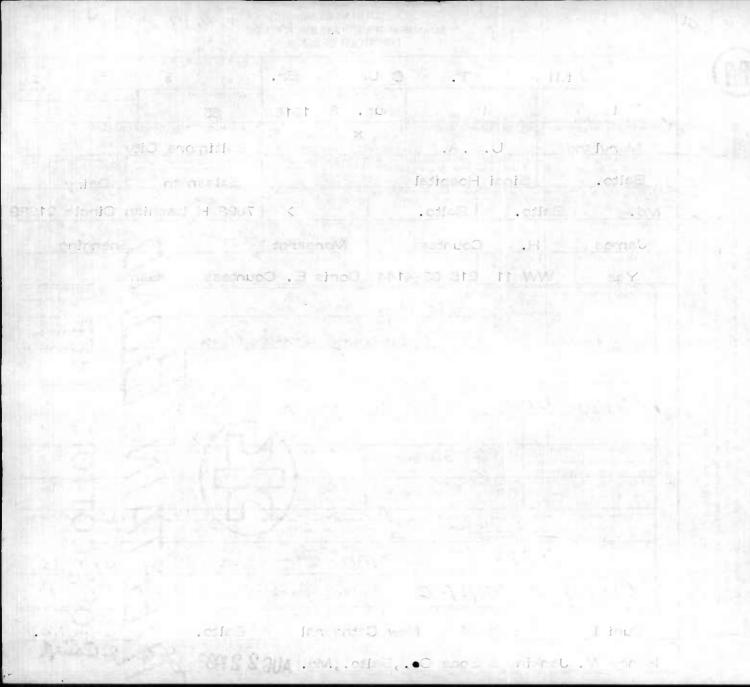
CERTIFICATION

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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL



3	A	I	tem #5 per phor 8/16/83 ro			STATI	OF MARYLAND	8.	2 (	8 (	4 4	
/	6	1-	STATE REGISTRAR		DEPARIA		EALTH AND MENTA		REG. NO	).		
,56			EASED NAME FIRST	-	MIDDLE		AST	2	a. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR P
poge 3			DONA.		R.	CC	71.12		AUGUST 1		983	11:00 м
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deoth. Poge 4 may	1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		ED ,7	BALTIMORE CITY O			MD.
er de vitter	872	10 CI	Y OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTIO	I NC	20. USUAL OCCUPATION			OF BUSINESS OR
s offer by the	(1)	19			HNSTHOP		HOSPITAL		TYPE OF WORK FOR MOST OF	2	INDUSTRY	
24 hour	超	)3a, S	LERESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTION. ITY C70.	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIM YES NO		3e. STREET ADDRESS	000 6	ANE	1221
within	12	M FA	1	MIDDLE	LAST		15. MOTHER'S MAIDE		WIDDIE		col	TER
Comp	EA	16-14	AS DECEASED EVER IN U.S. AR	MED EODCESS	16b. SOCIAL SECU	DITY NO	17. INFORMANT	19	ADDRE	55	CAL	1610
هُ اللهِ	ped			E WAR OR DATES)	213-36	-7856		(het.		m E		
ote b	ol.		18. CAUSE OF DEATH (Enter on	y one couse per	line for (o), (b), on	d (c),)					APPRO) BETWEEN	OMATE INTERVAL ONSET AND DEATH
20 20	De la constant	30	PART I. DEATH WAS CAUSE	E CAUSE (a)	Respirato	n F	zibre_					
h ce	offic		1550	DUE TO, Q	R AS A CONSEQUE	NCEOF						
of the of	E O O		Conditions, if ony, which	( (b)	topotoer	redo	alopathi	1				
ស្តី	other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, Q	R AS A CONSEQUE	11 1	carcino	ma				3-60
quires the signed	to burio	N	PART 2. OTHER SIGNIFICANT	ONDITIONS CO		DEATH BUT	0	1.0-	IAL DISEASE OR COND	ITION GIVI	EN IN PART 1	lo
low s been s been ermit. Il	e prior t	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	DPERATIO	WAS PERFORMED	-	20a AUTOPS ?	IN CERTIF		S OF DEATH?
The cion	gien a	RTII		2 201 7145 0	AF INTERV		111. HOW BUILDY O	OCCUPPE.	YES NO		5 🗍	NO 🗆
PHYSICIAN: The ending physicio this certificote be berial-tronsit	Mental Hy or Hem 18		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.		YEAR	ZIC HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	A IM ILEW IR IN	ART ( OR PART 2)	
PHYSIC ending this cer	A P	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			21f. LOCATION STREET	150	CITY OR TO	٧N	COUNTY	STATE
ING r affer os th	th and arked		AT WORK NOT WHILE AT WORK					4-7	<u> </u>	_	47	
ATTENDI ospitol or ECTOR: A	of Heol		220. certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	A . I .	, trap	, 01	d that in (my) (our) o	opinion de	oth occurred on the do	ite and hour	ond from the	that (I) (we) lost couses stated
8 E 8 8	Dept.		77E SIGNATURE	C .	oner geom	4.3	DEGREE	DING	MED∤CAL STAF		22c. DATE	ESIGNED
	TANT: #		Helin	No		P	PHYSIC PHYSIC	CIAN _	MEDICAL STAF			
TO HOSPITAL efoined by the TO FUNERAL should be det	with the State		234 PHYSICIAN NAME ITHE	111			Johns		. WOLFE S	De B	ALTO.	1952 MD.
op refo	3 3	23	URIAL REMATION, REMOVAL	236 DATE	? 23c.1	AME OF C	EMETERY OR CREMA	ATORY	LIL LOCATION	1	scdunts )	SLATE
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DHMH - 16 50/ (VRA 15,		24. FU	NAME CONNILE	y M	ace ADOPE	e B	वी राउटा र	AUG	1 6 1983	o REGIST	KAY SIGNA	WELK.

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Chas.A.Rice FSPA 1300 Eutaw

FOR - STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHY GYENE

CERTIFICATE OF DEATH

Place

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etely filled in by the d 2 should be filed FOR
STATE
REGISTRAR
DECEASED NAME FIRST M

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALYGIENE CERTIFICATE OF DEATH

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- 4									KEG	, NO.			
1		CEASED NAME	FIRST		MIDDLE		AST A	,	20. DATE OF DEATH	H MONTH	DAY YEAR	2b HOUR	P
ı			WILL	AM	J oseph		KAIG			8	11-82	1:20	M
1	3 SEX	MALE		I. RACE	HITE	S. DATE (		YEAR 23	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS M	AIN.
	7- 010				WHAT COUNTRY?	11	18	- AV	9 BALTIMORE CIT	YRS.	V OF DEATH		_
	C	RIHPLACE (STATE OF OUNTRY)  Maryland	R FOREIGN /	USA		MARRIE	D NEVER A				OFDEATH		
-		Y OR TOWN OF DE	ATH 1		OSPITAL NURSI	WIDOWE		ORCED	Balto.		12h, KIND O	F BUSINESS	MD.
5		Baltimore			Samarita				Sales R	ST OF WORKING	LIFE) INDUSTRY	ing Su	
	USUA 13a. S	L RESIDENCE (IF NUE	IND COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		1 13d. INSIDE C	TY HAAITS?	13e STREET ADDRE	SS		pl	У
		aryland		more	Parkvil	_	YES [	NO 🔀	7815 El		t Ave.	21234	4
	I FA	THER'S NAME	A	NODLE	LAST			MAIDEN NA			LAS		
	J	ames		Andrew	7 Cra	ig		phine_				mone	
		AS DECEASED EVEL		MED FORCES?	166 SOCIAL SECI	JRITY NO.	17. INFORMA	NT	AD	DRESS	-	234	
		es	WW	/ II	217-16-	7016	Willi	am J.	Craig, I	7815	Elmhur	st Ay	e.
1		18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), ar	nd reil)	161100	AAAi	n, intr	1000	BETWEEN C	MATE INTERVAL INSET AND DEA	TH
		1/100	IMMEDIATE		MASSI	VE	MYOC	AKUL	4C INF	ARCTI	ON		_
1		4100		IIIE 10.7	R AS A CONSEQU	ENCHOF.	1 1104	INDU	EDE	11 1			
		Conditions, if any		(p)	WITH	PU	LMON	AICH	CDC	MAT.	_		
1		cause (a), stati	ing the	DUE TO, O	R AS A CONSEQU	ENCE OF							
		DART 2 OTHER SIG	CNIEICANT	(c)	ANTOIRIUTING TO	DE ATH BUT	NOT BELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	IVEN IN DART 1		=
	Z	PART 2. OTHER SIG	SNIFICANT	ONDITIONS <u>CC</u>	JATKIBOTING TO	DEATH BOT	NOTRELATED	TO THE TERM	IIIVAL DISEASE OR C	ONDINOI O	IVEN BA PART NO		
1	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FINDIN		
	TIF								YES NO		ES	NO [	
1	CER	21a. ACCIDENT WAS UN		21b. TIME O		AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)		
	CAL	OR CONTRIBUTING	,	P.		19							
	MEDICAL	21d INJURY OCCUI		21e PLACE	OF INJURY	FARM ETC )	211 LOCATIO	N	CITY O	OR TOWN	COUNTY	STATE	E
	~	AT WORK AT W	ORK			0	1	0 -	9	1	0.7		
		22a. I certify that (		ol) ottended h	e deceased from.	83	data is (su)	_, 19	3 , to 8			that (I)	
		above, (I) (we)		view the body	ofter death.			(equ) opinion (					3
		226. SIGNATURE	Coha	VCos L				TTENDING PHYSICIAN	MEDICAL	STAFF	22c. DATE	11/9	33
		22d. PHYSICIAN'S N	NAME (TYPE OR	PRINT),	^		22e. ADDRES		DIRECTOR PH	ISICIANZ	1.1		,
		L,	CEB	ALLOS	SMD		90	S Co	SAMAIL	ITAN	Hos	PITA	1
	23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE	23с.	NAME OF (	EMETERY OR	REMATORY	23d LOCATION	N	COUNTY	STATE	E
	1	Barial	110	8/15	/83 D	ulane	y Valle				Balto.	. M	d.
	7K FL	Co Tells	Il Of	necelle	ADDRESS			All	G 1 5 1983	RAR 2 ZEGR	STRAR'S SIGNAT	ONE	# 55
	J/	E. Lowe	ll Len	nmon,	10 W. P	adoni	a Rd. 2	1093	0 1 0 1900	Jon	and the	may!	- 1

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

MPORTANT: If them 21 is morked or Item 18 shows any

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executed

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and campletely filled in by the funeral should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 to with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT. If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examiner must be positived at once

### FOR STATE REGISTRAF

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGICAE

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1		REGISTRAR			CERTIF	ICATE OF D	EATH	REG	NO.					
ł		DECEASED NAME FIRST MIDDLE				AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR	_	
ı	(TYPE	Thomas			Crosby				8	10	83	2:20A	м	
ł	3. SEX				5. DATE OF BIRTH			6 AGE (IN YEARS LAS			ER I YEAR	IF UNDER 24 HRS	5	
١	M	В			12 25 O1			82	YRS		DAYS	HOURS MIN		
Ì	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNT			WHAT COUNTRY?	? 8. MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH						
S. Carolina			USA	USA			ORCED	Baltimore City MD.					ID.	
1	10. CIT	(IF NOT IN SUCH FACILITY, GIVE STR			NG HOME OR OTHER INSTITUTION TADDRESS)			120 USUAL OCCUP	ATION	12b.	KIND O	F BUSINESS O	R	
4		altimore		ant Manor Nursing Cente				r warehouse man						
				13c. CITY OR TOW	veresidence before admission) 3c. CITY OR TOWN  Naltimore  YES X  NO			13e. STREET ADDRESS 2307 Hunter St. 2/8/8						
1	14. FA	THER'S NAME	MIDDLE	LAST	1115		MAIDEN NAM	ME MIOOL			LAS	S.Y		
	Ivv Crosbv				Margaret Whisenott									
	(Y	SIB. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SE (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 213-14			URITY NO. Pleasant M			Manor Nursing Center Hights. Ave., Balto., Md.						
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),									BETWEEN	MATE INTERVAL	4	
		BARTI REATH WAS CALISED BY				pirato	shest			1lu.				
		DUE TO OR AS A CONSPONENCE OF												
		Conditions, if any, which ( 16) Generalized arteris scleratic Heart Disease 241												
		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE							V			
		underlying couse lost.	(c)_										_	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE											PART 1	01	
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	CERTIFICATION				H OPERATION WAS PERFORMED		RMED				WERE FINDINGS USED ING CAUSES OF DEATH?			
	RTIF							YES NO YES			□ NO □			
5		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AY YEAR	21t HOW IN	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	B, PART 1 OF	R PART 2)					
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.			19								_	
	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		FARM, ETC.)  21f. LOCATION STREET			CITY OR TOWN			COUNTY STATE				
		AT WORK AT WORK			Company Company			Cala			6.2			
		220.1 certify that (I) (this hospital) attended the deceased from 19 23, to 8 10, 19 63, that (I) (we) los saw the deceased alive an 19 19 20 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated											151	
		sow the deceased alive on above (1) (we) (did not) view the body after death.  DEGREE  DEGREE										SIGNED		
		Jaimi	tunz	alun	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B/10/6 2									
		22d. PHYSIZIAN'S NAME (TYPE		22e ADDRESS										
		Jaime Punzalan, M.D. 5214 Harford Rd., Balto							٥., ا	Md.	21214	-		
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOW	И	cour	NTY	STATE		
		Burial	ew Mem			more M		CICLL	TUDE	_				
	24 FL	UNERAL DIRECTOR			25a. DAT	U6 1 6 100	RAR 25b. RE	Z IRAR'S	SIGNAT	IUKE				
Less Francisco House (Cl.) Parallusia has Arms										-un	-	while		

BP\_\_\_\_\_\_ DHMH-16 30M 2/80 (VRA 15, 4)

THE RECOGNATION OF THE MORE PRINTED SERVICES . The contract of the state of . A. A. AS STOR DELAY FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME EIRST LTYPE OR PRINT L. August 16, 1983 4:40Pm Helen Cross IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) Female White October 1, 1895 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. DIVORCED [ WIDOWED 12b. KIND OF BUSINESS OR III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF SUPERVISOR C&P Telephone Co IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY Maryland Baltimore 13d. INSIDE CITY LIMITS? 2211 W. Rogers Avenue 21209 YES T NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cross MIDDLE MIDDLE Richard Ida M. Jones 17. INFORMANT ADDRESS Brook Road 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. HE YES, GIVE WAR OR DATEST (YES. MAPS UNKNOWN) 212-05-1410A Mr. G.William Goodwin, Jr. 1007 Trickling2103 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE 10 DUF TO OR AS A CONSEQUENCE OF Pneumothorax Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Alzheimer's Disease 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ) WHILE AT WORK NOT WHILE August 16 August 13 22a. | certify that to (this haspital) attended the deceased from\_ sow the deceased glive on August 13 oboveXX(we) (did XXX of) view the body after death. 19 83 and that in Kny) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22s. ADDRESS MD C/O Maryland General Hospital 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23h. DATE (SPECIFY Buria) Töwsön COUNTY Maryland Prospect Hill 8-19-1983

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR ADDRES 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

250. DATE REC'D. BY REGISTRAR 256. DESISTRAR'S SIGNATURE

AUG 2.2.1983 John J. Cohn

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requires that the death certificate be executed within 24 haurs

ATTENDING PHYSICIAN: The law

retained by the hospital ar attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CEPTIEIC ATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	٥.		
	CEASED NAME FIRST	MIDDLE		AST	26. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(146)	CHARL	ES W.	CA	LOSSLAND		8 9	83	10.45AM
3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		JNDER 1 YEAR	
	MALE	W	MONTH		59	YRS.	THS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	JTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	DEATH	
	ELAWALE	U.S.A.	WIDOWE		BALTIMON	le c	iTY	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	IN USUAL OCCUPATION		126. KIND C	OF BUSINESS OR
B	ALTIMORE /	UNIVERSITY OF	MANYLA	MD HOSPIT	AL Carystor	COLA	au	to.
13e.	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIMIT	S? 130 STREET ADDRESS		61	9999
	ELAWARE 1	IC. BEAR	ک	YES NO	1923 PU	LASKI	HIGH	HWAY
14. F	ATHER'S NAME FIRST	MIDDLE LAS	ST .	15. MOTHER'S MAIDEN	NAME		LAS	ST
L	FRANK	T. CROSSL	-	ANNT	0		LLC	OYD
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	N/E W/AR OR DATES	SECURITY NO.	17. INFORMANT	ADDRE			
	NO	221-1	8-4902	Jupatient	refis toution	- 16	Cord.	-
	18. CAUSE OF DEATH (Enter o	only one couse per line for (o), (	b), and (ci))				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (o) CAG	LDIAC	ARNEST				
	2080	DUE TO, OR AS A CQN	SEQUENCE OF					
	Conditions, if ony, which	( (b)	YPOTEN	C0,5			0	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					
	underlying cause last.	(c)	SEPSI	2				
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
ŏ	ACUTE LEUKO	EMIA + FUNGA	IL NEUN	LONIA + NEWA	L FAILURE +	COAGU	LOPAT	THY
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	28e AUTOPSY?	206. IF YES, W		NGS USED S OF DEATH?
Ē				T	YES NO	YES [		NO 🗌
	218, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		H DAY YEAR	216. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	LY IN ITEM 18 PART	OR PART 21	
S	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		N			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	AT WORK NOT WHILE		2- 16					
	220.1 certify that (1) (this has	oital) attended the deceased t		, 12 , 19 ,	83 , to AUGUST	9 19.		that (1) (we) lost
100	sow the deceased alive a above, (I) (we) (did) <sub>t</sub> (did n	n AVGUST 9	19 <u>83</u> , ai	nd that in (my) (our) opi	nion death accurred on the de	ite and hour ai	nd from the	causes stated
18	22b. SIGNATURE	1		DEGREE			22c. DATE	SIGNED
	9.1	femelo	TML S	ATTENDIN PHYSICIA			8/	9/83
	22d. PHYSICIAN'S NAME (TYPE			220. ADDRESS UA	VIVERSITY OF	MARYC	GUA	HOSDITAL
	J. HORM	1500		22. S. GR	EENE ST. BA	LTIMONE	ND	21201
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NADE OF	EMETERY OR CREMAN	PRY 23d. LOT A 1024		OURT	Chare C
	Durial	8/12/83	AT.	yearges (	M. ST. 408	roll	NC,	Del.
24. F	UNERAL DIRECTOR	dthis in	BESS Ast.	1250	DATE REC'D. BY REGISTRAR	REGISTRA	R'S SIGNAT	TURE
	MOUNT.	HULKEN	THUMA	WOUTH LOVE	HUG 1 5 1983	John.	26	beeld :

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, ar other traumatic event, th

With the Store Copy.

WHORTANT: If them 21 is marked or them 18 shows

The Mark X Line And National State of the BELLOW BEEN TO LOOK THE EXTRA DITAL The state of the s

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGISME

CRUTCHTIELDS CURTIS I

REGISTRAR			CERTII	ICAIL OF DEATH	REG.	10.	JX ~
DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	R 25 HOUR
(TYPE OR PRINT)	CURT	is Thomas	CRUTO	CHFIELD S	$p_i$ 0	8/09/83	6:38
1 SEX		4. RACE	5. DATE O		6. AGE (IN YEARS LAST !		
MAIR		Neaso	NOA!	4 100 100	1 1	LA, YRS. MONTHS D.	AYS HOURS MIN
	TE OR FOREIGN	76. CITIZEN OF WHAT COUN	UTDV2 8	D NEVER MARRIED	O RAITIMODE CITY	OR COUNTY OF DEATH	н
COUNTRY)		71.5.A.	WIDOWI		_ DAT DTM	RE CITY	
10 CITY OR TOWN O	DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME		120. USUAL OCCUPA		D OF BUSINESS
BALTIMOR	E	THE JOHNS	HOPKIN	S HOSPITAL	(TYPE OF WORK FOR MOST		eel Co.
USUAL RESIDENCE (	NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIMITS	S? 13e. STREET ADDRESS		
Nd.	100. 0001	132.18	More	YES MO	4.863 MC1	JEANBIL	10/2123
ATHER'S NAME		MIDDLE LA		15. MOTHER'S MAIDEN	NAME	FI NOO LIETE	1467
LINWI	od	Courchel	eld	LOIS	WIDDLE	Bno	WW
60 WAS DECEASED		MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS	
YES, NO OR UNKNOV	Kon	CAN 219-2	6-8231	Wandal	mutchfiel	d 6863MC	CleanB
18 CAUSE OF		ly ane cause per line for (a), (	(b), and (c.)			APP.	ROXIMATE INTERVAL
PART I. DEA	TH WAS CAUSE	DBY:	scurie	shock			
1114	IMMEDIAL	2 0/1002 (0)	0				*
1//		DUE TO, OR AS A CON	SEQUENCE OF	in heart	house		
Canditians, if		(b)	000,000				
cause (a), underlying	stating the	DUE TO, OR AS A CON	SEQUENCE OF				
onderlying	cause last.	(c)					
	SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	T 1(a)
19g. DATE OF C							
90. DATE OF O	4-3	198 CONDITION FOR V	1.0		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
	8.3	Corone	ethno	selmosis	YES NO	YES 🗌	№ □
	AS UNDERLYING		H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN	URY IN ITEM 18 PART 1 OR PART	7 2)
OR CONTRIBUTION	CAUSE OF DEA	in .	19				
(IF EITHER, NOTH		21e. PLACE OF INJURY		211 LOCATION	579.00	IOWN COUNTY	STATE
AT HIGH	OT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR	OWN COUNTY	STATE
		tal) attempted the deceased	from 8	4 10 8	3 10 8	9 10 83	, that (I) (we) I
	eceased alive an	8 9	X 4	nd that in (my) (aur) and	nian death accurred on the		
abave, (I)	we) (did) (did na	t) view the bady after death.					
226. SIGNATUI	I V.			DEGREE ATTENDIN	G MEDICAL ST	AFF \	ATE SIGNED
M	m fo	man	WN	PHYSICIA			19183
22d. PHYSICIAN	S NAME TYPE O	R PRINT)	0.00	22e ADDRESS	11	1	
{	MNTON			John	Herkins	Hospital	
23a BURIAL, CREMAT	ION REMOVAL	23b. DATE	23r. NAME OF C	EMETERY OR CREMATO	DRY 23d LOCATION		
(SPECIFY)		0.12 02	Dali !	0	CITY OR TOWN	COUNTY	STATE
24 FUNERAL DIRECT	121	1073-80	130115/1	vare (nt	DATE REC'D. BY REGISTRA		NO.
NAME O	10.1	1000 1 ADI	DRESS & P.D		AUG 1 2 1083	Salar Sto	Calaral
1800	WOLDEL.	11 ollick 21/	316. (ULC	600 St.	1100 1 L 1000	My Char	Service of you

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After

should be detached for use as the bund-fronst permit. Then with the State Dept. of Health and Mental Hygiene prior to b

(VRA 15, 4)

CONTROL CONTROL B = 1. ALINES AND DELIGIOUS OF SELECTION WELL DEFINE LAND BUILDING With a series to the series of Leaven the control of Sulabling of the State of the S a distributed to the set to be the control of the c The second secon powers of the solution of the King House for my Color & the sile of and the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours often retained by the hospital or attending physician.

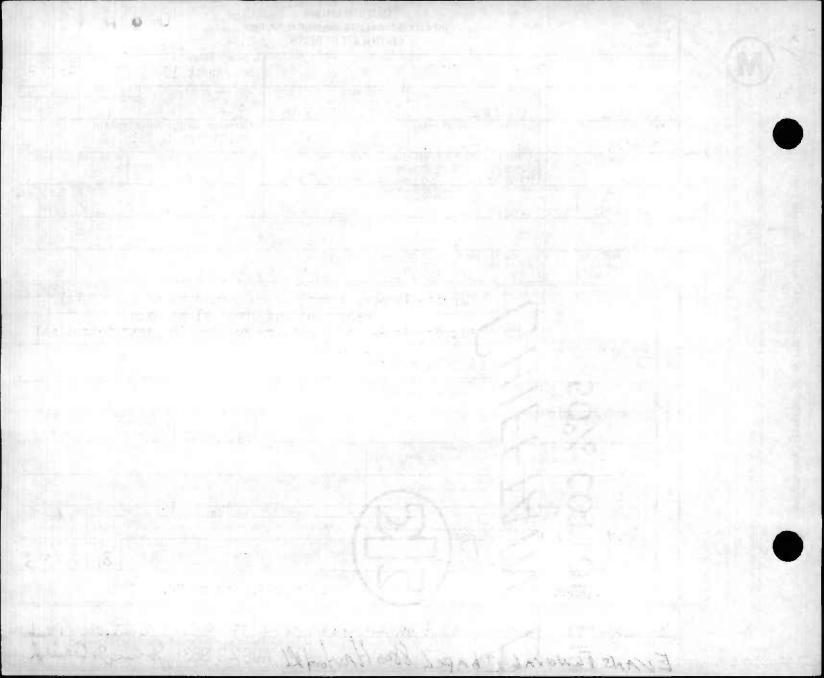
2		5	FOR STATE REGIST
0	(M)		1. DE CE ASED 1 (TYPE OR PRINT)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE CERTIFICATE OF DEATH

2	0	*	5	
6340		1 315	1,00000	

1 DE				REG. N	0.	
	ECEASED NAME FIRST R	cose CUBA	LAST	20. DATE OF DEATH August	16, 1983	26. HOUR 4:00
3. SE	×	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 H
	- 64 - 1 5	1	MONTH DAY YEAR	OH	MONTHS DAY	
7.0	EPVALC	WHILL &	1580 1. 20, 1840	NAT CONTRACTOR	YRS.	
	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore	R COUNTY OF DEATH	
100	TALY	N. 2. H.	WIDOWED DIVORCED			1
7 25	CITY OR TOWN OF DEATH	III. NAME OF HOSPITAL, NURSING	NG HOME OR OTHER INSTITUTION LADDRESS) LARE HOSPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS (
USU.	STATE  ARYLAND  BALT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW TOWNS HERE		130. STREET ADDRESS	HARFORD	2123 ROAD
14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	PTATA	AST SSS
	WAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT	ADDRE	SS	1.00
3	00	VE WAR OR DATES) 213 48 2	333 Family arrest;	1 RECORDS	Ŷ	
NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	erminal disease or con		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO X	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	)
10	I IF EITHER NOTIFY MEDICAL EXAMINER					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	45	CITY OR TO	1.6	STATE
MEDICA	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that & (this haspi	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	83 August	16 83	, that 🎉 (we) li
MEDICA	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that & (this haspi	(AT HOME STREET, FACTORY, OFFICE, I	August 15 19	83 to August	16 19 83 ofe and hour and from the	, that 🎉 (we) l
MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that I (this hospi sow the deceosed alive on oboys I (we) (did) (did	ital) ottended the deceased from August 16 19 19 19 19 19 19 19 19 19 19 19 19 19	August 15 19 83, and that in (m/k) (our) opin DEGREE ATTENDIN PHYSICIAL 120. ADDRESS	83 to August  nion death occurred on the do	16 19 83  ote and hour and from the standard land land land land land land land lan	, that & (w

DHMH - 16 50M 4/82 (VRA 15, 4)



BP. **DHMH - 17** (VR A15 ME (5))

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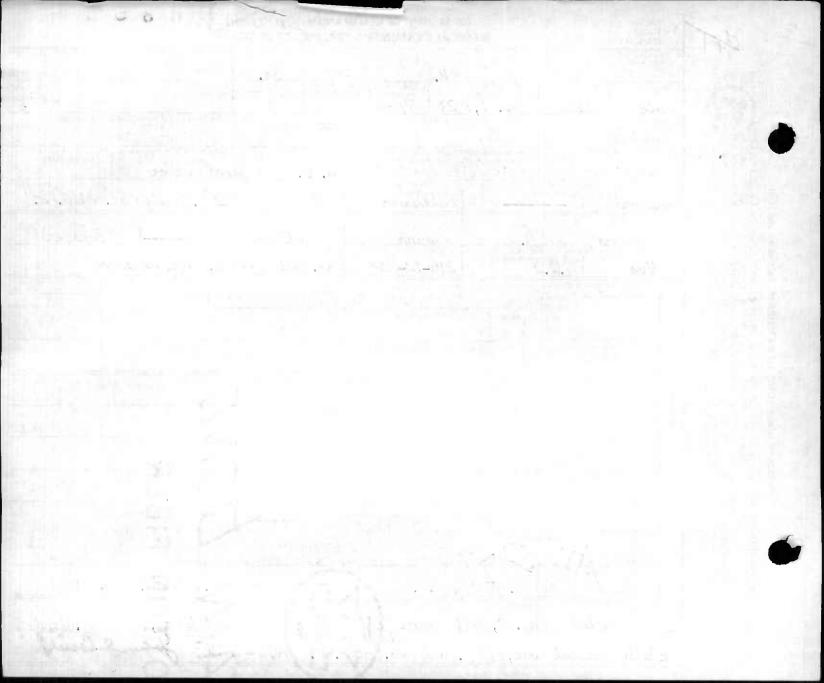
FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		MEL	DICALE	VAWILLE	C S CERTIFI	CATEO	FUEAI	RE	G. NO.			
		EASED NAME	FIRST		MIDDLE		LAST		20	DATE KNOW	NOW X NO	NTH DA	Y YEAR	26. HOUR
	(TYPE	E OR PRINT)	ANTHON	Y	Ш		CUCIN	A (a		OF ESTI	D 0 8	20	19 83	
	3 SEX		I. RACE	DATE OF BIRTH		AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER	24 HRS. 2	DATE	MON		Y YEAR	6:40
	M	,	101:4	MONTH DAY	1923	59 YRS.	MONTHS DAYS	HOURS	MIN. P	RONOUNCED	Q	20	19 83	6:40 a N
1	70 BI	RIHPLACE (STA	TE OR	NOV. 1, 1		DV2 In			9	BALTIMORE C	ITY OR CO	UNTYO		I a w
	EOF	REIGN COUNTRY)		1154			MARRIEDX N		ED 📙		_			
		aryland	NE DEATH	US/I	DITAL ATTO		IDOWED	DIVORCE		Baltimo			KIND OF BU	JA January
	10. CI	IT OK TOWN C	PUEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE	CILITY, GIVE STR	EET ADDRESS)			FOR MC	ST OF WORKING LIF	E)	)RK 120.	OR INDUST	
0	/	Baltim					Balto.M	d	Ste	el Work	er			
5	USUA 13a, S1		F IN NURSING HOME OR			PR TOWN	113d. INSIDE	CITY LIMITS?	13e. STREE	LADDRESS	,	c . o	1.27	1230
1	7.77	ryland				imore	YES	NO 🗌	144	25. (ha	rles.	St.Bo	ilto.	d.
	14. FA	THER'S NAME		WIDDLE			15. MOTH	ER'S MAIDE	NNAME	MIDDLE			Taal	
0		Thomas		)	Cur	sina		1;11;	an	MIDDLE		S	veige	7
7	16a. W	/AS DECEASED	EVER IN U.S. ARMI	ED FORCES?	16b. 5OC1	AL SECURITY N	O. 17. INFOR	MANT	.00 6	ADI	DRESS			
	(YE	ges es	W.W.2	AR OR DATES)	216-	12-8229	mrs.	Mamie	(ucin	a, Same	: as a	bove		
			DEATH (Enter only	ane cause per line	far (a), (b),	and (c).)			-			1	APPROXIMATE	
		PARTIDEA	TH WAS CAUSED	D11			tic card	iovasc	cular	disease	9		TWEEN ONSE	TANDUCATH
		429	2 IMMEDIATE	CAUSE (U)		EQUENCE OF								
			s, if any, which	1										
			ta immediate	(b)	AS A CONS	EQUENCE OF			<del> </del>			_		
		lying caus		00210,01	70 7 00110	EGOLIVEE OF								
		BART 2 OTHER CIC	NITICENT CONDITIONS CO	(c)	BUT NAT BELLY	TO TO THE YEARING	01/51/500 001/01/01	A						
	z	TAKE Z DINER SIG	NIFICANT CONDITIONS <u>CO</u>	MIKISUTING TO ULATH E	BUI NUI KELATI	EU IU IHE IEKMINAI	CONTRACTOR CONTRACTOR	UN GIVEN IN PAR	KI I (a)					
1	IFICATION	19a. DATE OF	OPERATION	Tial CONDI	IONI FOR VA	/HICH OREDAT	ION WAS PERFO	DAAED2				Lan	AUTOPSY?	2
1	NA I	198. DATE OF	SPERATION	198 CONDII	ION FOR W	HICH OPERAL	ION WAS PERFO	KMED:				70		
	RTIF	a) pyrphia	CALISTANAS	AND THE OF									YES 🗌	NO K
2	CERTI	216 EXTERNA		21b. TIME OF HOUR A,M		DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NA	TURE OF INJURY IN I	IEM 18 PART 1 C	R PART 2)		
	CAL	CONTRIBUTION	G CAUSE OF DE			19								
	VED	21d INJURY O	CCURRED	71e PLACE C STREET, FACT	OF INJURY		211 LOCATION STREET			CITY OR TOWN	-10	COUNTY		STATE
	2	WHILE AT WORK	AT WORK										100	-
			that I taak charge	of the remains des	cribed abay	e. held an	Autapsy .	Inspection	. X.	Inquiry .	and in m	y apinian		
	- 1	death resulte		I causes X,	Accident			icide .		mined manner	П.			
	6	dean resum	1					SPECIFY)			15			
	19	ACTUAL SIGNATURE	MA	120	1				+ MEDIC	AL EXAMINER		ATE GNED	8-20-	83
7	/	SICHATURE	11		0				MEDIC	AL EXAMINER	SK	JNEU	0	
P		EXAMINER'S PRIN		M. Dixo	n, M.I	0.	ADDRESS.	111 F	Penn S	St., Ba	Lto.,	Md.	21201	
	23a.Bl	The state of the s	ION, REMOVAL 231	DATE	23c. N	AME OF CEME	ERY OR CREMA	ORY	23d. LOC	ATION		COUNTY	67	ATE
	(5	Bu	erial Au	10.23.198	33 Co	dan His	1 (emet	2711	1	Baltimor		/1	anula	nd
	24. Ft	JNERAL DIRECT	OR	7 - 1		21230	9			EGISTRAR 256	R GISTRAR	SSIGN	ALL P	A
	Mc	Cully F	uneral Ho	ome, 130	Fort	: Ave. Bo	alto. Md.	AUG	143	1983	man	90	south	90



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should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been signed by

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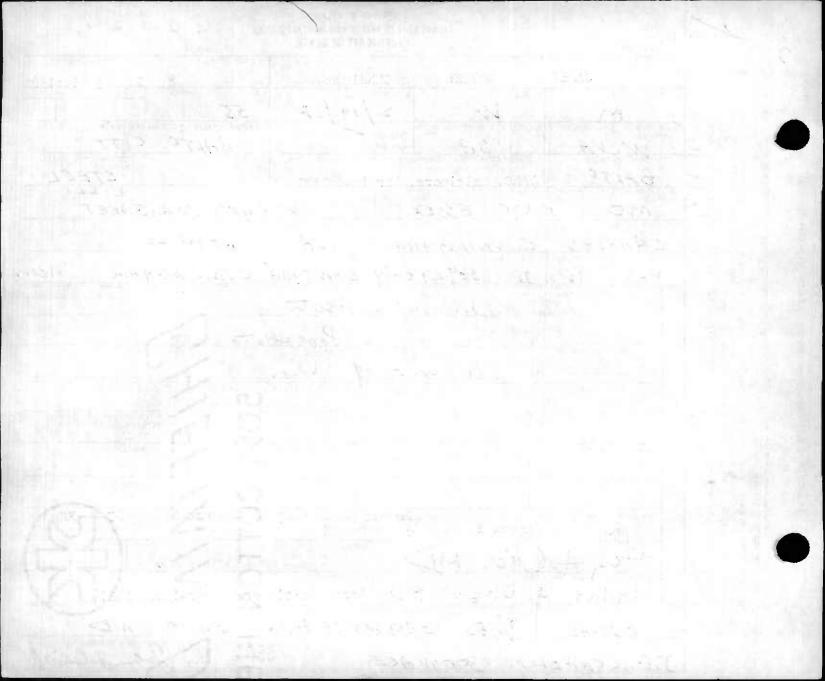
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL OF GIENE

4	P's	0	53	de	3
- 6	2	U	8	Trans.	-

	REGISTRAR			CERTIII	CAIL OF DEATH	F	REG. NO.		
	CEASED NAME	FIRST	MIDDLE	L/	ST	20. DATE OF DE	ATH MONTH	DAY YEAR	2h HOUR
(177)	OR PRINT)	JAMES	ROBERT	CU	NNINGHAM	luz:	8	28 83	10:15PM
3. SE	X	4.	RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	1		W	2	119/28	35	YRS		
	RTHPLACE (STAT	TE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	Y? 8. MARRIEL	NEVER MARRIED	9. BALTIMORE	CITY OR COUN		1000
10.0	W.	A.	U5/7	WIDOWE		37	1470.	CITT	7410
10 C	ITY OR TOWN OF	DEATH	. NAME OF HOSPITAL, NURS	EET ADDRESS)	K OTHER INSTITUTION	12a USUAL OCC			
ersii	AL DESIDENCE AS		VAMC Baltimor		land 21218			7/	EEL
	MD	M3b.COUNTY		NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADD		EARE	T
14. FA	ATHER'S NAME	LES	CLINNING F	IAM	15. MOTHER'S MAIDEN NA		DRIL.	L	AST
	WAS DECEASED E			CURITY NO.	17. INFORMANT		ADDRESS		
The same of	YES	WW	1 3692	4 8489	SYNTHI	+ CVIV	11/116	Holon	HB0
	18 CAUSE OF D	EATH (Enter only	one cause per ling for (a), (b),	and (c)	ø			BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEA	TH WAS CAUSED E		Min	- Asuti				
	571	5	DUE TO, OR AS A CONSEC	DUENCE OF	D	0 - 0			
	Conditions, if gove rise to		( b) Nema	rape	e Jenere	nets			
	couse (o),		DUE TO, OR AS A CONSEC	DUENCE OF	1 0 -				
	underlying c	0036 1031	( c) Cerro	ehip	of love-				
z	PART 2 OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DE ATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE O	RCONDITION	SIVEN IN PART 1	10.
NT OF	190 DATE OF OF	EPATION	196 CONDITION FOR WHI	CH OPERATIO	LWAS PERFORMED	20a AUTOPS	2 20h IF	YES, WERE FIND	INGS LISED
CERTIFICATION			THE CONDITION FOR WITH	CITOTERATIO	WAS FERT ORMED	The second second		RTIFYING CAUSE YES []	
_	210. ACCIDENT WA	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	P.M.	19					S. L.
MEDICAL	21d INJURY OC		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE. FARM, ETC.)	211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
		OT WHILE				- 7-1			-
	220.1 certify the	tXI) (this hospital	) attended the deceased from						, that (we) lost
	oboye.XIXIV	we) (did) (d <b>)</b> (1 <b>x</b> 10t) v	view the bady after death.		d that in (XXX (our) opinion	deoin occurred of	the date and i		
0	17 NUMATUR	/ (	Va MI	>	DEGREE ATTENDING	MEDICAL _	STAFF	ZZC. DATI	ESIGNED
1	100	AME TYPE OF P	100		PHYSICIAN 77. ADDRESS	DIRECTOR .	PHYSICIAN X		
	Lan	ON A	DICE	MM		Sand.			
-	VIM	1/7	· OILEN	עיו	VAMC, Balti		1aryland	d 21218	
	BURIAL, CREMATI	ION, REMOVAL	23b. DATE 23	-	METERY OR CREMATORY	23d. LOCATIC	OWN	COUNTY	STATE
24.5	1301	146	11/83 4	ZHRDE	NS 05 8717		ALTO.	ML	THIRE
24 FI	UNERAL DIRECTO		ADDRES:			SFP 2	983	I RAR'S SIGNA	P. O. A
	. L. C	ONNEL.	Li 300 (	MACE		<u> </u>	1307	my	county

DHMH - 16 50M 4/B2 (VRA 15, 4)



# death certificate be executed within 24 hours after ATTENDING PHYSICIAN: The law requires that the TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

atn. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be tasted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 19 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the me

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENC

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١	FOR STATE REGISTRAR				ALTH AND MENTAL HYG CATE OF DEATH	IENE Z	U (	5 5 6		
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	Mi	IDDLE	LAST	T	20 DATE OF DEATH		DAY YEAR	2b. HOUR	
I		ed Cymer				August	03.	1983	10	AM
I	3 SEX	4 RAČE	5.	DATE OF		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
I	male	white		June	2 04, 1904	79	YRS.	MONTHS CIAYS	HOURS	MIN
/[	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	AAPPIED )	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
	Poland	USA	(nat.)  w	DOWED	DIVORCED	Baltimo	re (i	Łu.		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HE	OSPITAL, NURSING H	OME OR	OTHER INSTITUTION	12e USUAL OCCUPAT		12% KIND O	F BUSINES	SOR
4	Baltimore	1034	+ rine nei	ghts	Avenue	clerk	,	State	oov!	t
	USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 COL Bald	or other institution, of	GIVE RESIDENCE BEFORE AD 136 CITY OR TOWN Baltimore	§ 10	34. INSIDE CITY LIMITS?	13. STREET ADDRESS 1034 Pine	Heiot	hta Avan		2.2.20
t	14 FATHER'S NAME			_	MOTHER'S MAIDEN NAM		nergi	as iver	ue z	1227
A	Julius Cumer	MIDDLE	LAST		Wilhelmen	a Walf MIDDLE		LAS	r	
t	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	NO I	7 INFORMANT	ADDR	ESS			
1	1YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	119-22-360	20	Mrs. Adelaia	le K. Cumer				
ł	18 CAUSE OF DEATH (Enter of	only one course per l			7.5027 7.420444	e III (ghec		APPROXI	MATE INTERVA	AL
۱	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	- ne ba	1	Carle			) burn	- d	2111
ı	433 (IMMEDIA		AS A CONSTOURNE	5.05	7			/	1	
1	Conditions, if ony, which	(b)(	AS A CONSEQUENCE	- 1	Crement	Occluse	on	7/6	183	3
ı	gave rise to immediate cause (a), stating the		AS A CONSEQUENC					1	/	-
1	underlying cause last	(6)	Cenebr	2 You	sculon F	Pareciosolo	e masi	is Pren	ress	س
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	VEN IN PARTAL	٠٠	
	Q	,				1000	8			
1	19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OP	RATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		2
]	411					YES NO DE		ES 🗍	NO 🗌	
1	OR COLUMN THE CALLET OF D	21b. TIME OF	INJURY N. MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART I OR PART 2)		
I	I IF EITHER, NOTIFY MEDICAL EXAMINE	CAIII		19						
1	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FARM,		III. LOCATION	CITY OF TO	WN	COUNTY	STAT	re
1	WHILE NOT WHILE AT WORK			1)	1	/	1			
ı	22a I certify that (I) (this has	A /1 / h	deceased from	1/26/	19.50	10 8/1/	a.		that (I) (we	
۱	saw the deceased alive a above, (f) (we) (did) (did a	not) year the poddy o	ffer death.		that in (my) (our) opinian o	leath occurred on the d	ote and hou		4	ed
1	27% SIGNATURE	11		DE	GREE ATTENDING	MEDICAL STA		Th. DATE	SIGNED	1
1	1/0/4	tru	eny	-4	PHYSICIAN X	MEDICAL STA		81.	3 /	83
١	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	11/1		22e ADDRESS	0-11	,	/	/	0
1	Koberts	(0.	HENNES	54	Juite 304)	Time typts	med	CTK "	242	27
	23a BURIAL, CREMATION, REMOVA (SPECIFY)		111		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		SOUNTY	M STATE	,
1	cremation	8/03/8	83 We	strie		Latonsvi			Maryl	and
	24 FUNERAL DIRECTOR		ADDRESS	0	. O , AUE	REC'D. BY REGISTRAR	25h REGIST	TRAR'S SIGNAT	URELA	
1	Ambrose Funeral	Home 1	328 Sulphy	n Sp	ring Rd. not	, 0 200	1	~		

Be to be a set on the set of the ASS We John & sunf

campletely filled in by the funeral s 1 and 2 shauld be filed within 72 FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

9	0	A	5	20
Gen	0	0	-	

1	REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO.		
1	1. DECEASED NAME FIRST	MIDDLE	-	AST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
ì	MARI			JKOWSKI	AUGUST 28,	1983	1:10pm
ı	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
i	FEMLE	WHITE		L 1, 1905 1		YRS.	
	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO		
1	POLAND	U.S.A.	WIDOW	DIVORCED	BALTIMORE (	YTI	MD.
1	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET CHURCH HOSPITA	ADORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE		OF BUSINESS OR
-	USUAL RESIDENCE (IF NURSING HOME O 130. STATE MARYTAND	or other institution, give residence befor INTY 13c. CITY OR TOW BALTIMO	VN	13d. INSIDE CITY LIMITS? YES X NO [	130. STREET ADDRESS 1830 GOUGH ST	21: TREET, <b>QX</b>	231 <b>2#X</b> X
4	14. FATHER'S NAME	MIDDLE RYDOROWICZ		15. MOTHER'S MAIDEN NAM	UNKNOWN		AST
,	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS		
	(YES NO OR UNKNOWN) (IF YES, GI	213-03-45	557	MR.JOHN CZAJK	OWSKI,1830 Gov	igh ST. 2:	1231
1	18 CAUSE OF DEATH (Enter o	only one cause per line for (a), (b), ar	nd (cl)			APPRO	XIMATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (a) PROBALE	ACUT	E PULMONAY	EMBOLISM		
	2880	DUE TO, OR AS A CONSEQU					
	Conditions, if any, which	( RESPIRA	TORY	FAILURE FRA	CTURE RIGHT	HIR	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		Ansh-	-	
	underlying cause lost.	(c)			+CUED		
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	la.
	NO L						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND ERTIFYING CAUSE YES	
Ħ	210. ACCIDENT WAS UNDERLYING	, 216. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT		
	00.000.000.000.00		33 YEAR	subject fel	l		
	OR CONTRIBUTING CAUSE OF DE CA	21e PLACE OF INJURY		21f. LOCATION		COUNTY	
2	WHILE NOT WHILE XX	TAT HOME STREET FACTORY, OFFICE,	FARM ETC }	1830 Gough S	treet. "Ballti	more, Mai	ryland
	220.1 certify that (I) (this hasp saw the deceased glive or		<b>X</b> MA	RCH 10, 1983	o AUGUS	10-80	The Age
9	276 SIGNATURA	PILM	1	DEGREE DEMIFICATION	APPROVED BY MEDICAL EXAM	TIMER VILLOAT	SIGNED
	NA.	(010)	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 8/	28/13
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)			CH HOSPITAL	1	
	AHMED F.	NOUR MD	2012	100 N. B	ROADWAY BAL'	ro. MD 2	21231
	23a. BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BURIAL	AUG.31,1983 ST.	STANI	SLAUS CEMETER			STATE
	24 FUNERAL DIRECTOR	ADDRESS	100		E REC'D. BY REGISTRAR 256 R	GISTRAR'S SIGNA	TURE
	M.F.SADOWSKI & SO	ONS, 1808 EASTER	N AVE.	@ 21231 AU	62 9 1983 X	things (	shelf

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon popers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

TUMEDA, and the late of the state of th director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeroly should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filed within 73 is with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or remayal.

medical

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

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STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAUHYGIENE	
CERTIFICATE OF DEATH	

	REGISTRAR		CERTIFICA	TIE OF DEATH	REG.	NO.		
	CEASED NAME FIRST OR PRINT) SIAMULE	MIDDLE	DAN	1215	20. DATE OF DEATH	MONTH DAY	YEAR P3	26. HOUR
3. SE		RACEBLACK.	5. DATE OF B	RTH YEAR 96	6. AGE (IN YEARS LAST	YRS.		IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY	OR COUNTY OF D	EATH C (	15 MD.
10. C	Baltimore U	I. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, DIVE STREET AL (N) VETSI + VE+ OS PI		THER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS UN EM PO	TOF WORKING LIFE) IN	DUSTRY	F BUSINESS OR
130. 5	AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUNTY		1 13d	. INSIDE CITY LIMITS?		dmondso	NA	ve.
14 FA	THER'S NAME  NELSON	DANIEL	15.	NOKA NAMEDEN NA	WIDDLE	P	OR +	er
160 V	VAS DECEASED EVER IN U.S. ARMI VES TOTUNKNOWN) (IF YES, GIVE V	ED FORCES? 16b. SOCIAL SECUR VAR OR DATES) 2/6-67-		INFORMANT EVOLYN E	Sarnhart	1805 E	dmo	Nosbn
	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which	DUE TO, OR AS A CONSEQUENT	NCE OF IN	ony ALL	est.	DISPUST	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN		of cou			0.407.1	
z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DI	EATH BUT NO	T RELATED TO THE TER/	MINAL DISEASE OR CO	INDITION GIVEN IN	I PARI 16	ō,
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION W	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	RE FINDIN CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	CHOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC 1	LOCATION STREET	CITYOR	town c	OUNTY	STATE
	220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	8/4 198	3, ond 1	not in (my) (our) opinion	, to	date and hour and		that (I) (we) lost couses stated
	77% SIGNATURE	20	CLE	ATTENDING PHYSICIAN	MEDICAL ST	AFF	S/DATE	SIGNED 4/83
	27d PHYSICIAN'S NAME TO SOL	o/in	27	ADDRESS	n			
-	SURIAL, CREMATION, REMOVAL	23b. DATE 8-9-83 K		Hem PK		IlsTOUN,		Ad. STATE
J FL	AS 4 MORTON	1701 LAUR	ENS		G 8 1983	AR 256 REGISTRAR'S	SIGNAT	will !
						and the second second		

DHMH - 16 50M 4/82

BP

retained by the hospital or ottending physician

Burial

24 FUNERAL DIRECTOR

JAS & MORTON (VRA 15, 4)

harboning of a second principle of the second AN SUSTAINED TO THE STATE OF TH TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hauritetained by the hospital or attending physician.

# FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHY GIENE

5

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG	NO.			
1. DE	CEASED NAME	FIRST	MIDDLE	l l	AST		20. DATE OF DEATH		DAY	YEAR	2b. HOUR
1111	DR.	VENPOR	T B.6.				Late To 1	7	26	83	0935
3. SE	X FEMALIS	4 RACE	21	5. DATE C		83.	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24
			HITE	7	21	83.	1 0 1 1 THE DE CITY	YF		کہ	
	IRTHPLACE (STATE OR FORE	IGN 76 CITIZE	USA.	MARRIE	D NEVER M	ARRIED D	9. BALTIMORE CITY	ORCOU	Cit	W)	
3/10 0	BALTO.	H 11. NAM (IF NO	E OF HOSPITAL, NURSING INSUCH FACILITY, GIVE STREET	ADDRESS)	HORE INST	TUTION	12a USUAL OCCUP (TYPE OF WORK FOR MOS		G LIFE) 12	b. KIND O	F BUSINES
13a. S	AL RESIDENCE (IF NURSING	G HOME OR OTHER INSTI 3b, COUNTY	TUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRES	S		- 6	000
9914.64	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME MIDDLI			LAS	Т
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORG		JRITY NO.	17 INFORMAT	NT	ADI	DRESS			
/	LIS CALISE OF DEATH	(Entre only one sou	se per line for (a), (b), or	nd is i					T	APPROXI	MATE INTERV
ATION	PART 2. OTHER SIGNIE POIS IS FORT	FICANT CONDITION	ONDITION FOR WHICH	DEATH BUT	hot related baston	TO THE TERM	1 -0 1	broad	taile	ne	GS USED
8 shows ony injur	190. DATE OF OPERATIO	JIN 178. C	OJADITION FOR WITHER	OFERATIO	WAS FERIOR		YES NO	IN CE			OF DEATH
- / 4	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOL	IME OF INJURY JR A.M. MONTH D P.M.	AY YEAR	21c. HOW IN.	IURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM	18, PART 1 C	OR PART 2)	
MEDICA	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	(AT HO	LACE OF INJURY OME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATIO STREET	Ν	CITY OR	TOWN	C	OUNTY	STAT
2) is mo	sow the deceased		ded the deceased from.	83,00	2) nd that in (my)	our) opinion	to	26 dote and	hour and		that (I) (we causes state
T: It ken	22b. SIGNATURE	arel a	nu the		P	TTENDING HYSICIAN [2	MEDICAL S DIRECTOR PHY	TAFF SICIAN [		7/2	SIGNED
MPORTAN	RICHAT		MOTTONI		220. ADDRESS		PCT/MONE	city	HOS	PITI	22
23a.	BURIAL, CREMATION, RI SPECIFY)	EMOVAL 23b. DA	TE 23c	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	/	COUN	VTY	STATE
24. F	UNERAL DIRECTOR	1.0	ADDRESS			AUG	F RES DABY REGISTR	AR 250. RE	GISTRAR'S	SCIGNA	VRELLY.

DHMH - 16 50M 7/77 (VR A 15 (4))

# 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exam

## STATE OF MARYLAND

1	1 - STATE REGISTRAR	DEPART	CERTIFICATE OF		REG. NO		1,75	
	1. DECEASED NAME FIRST (TYPE OR PRINT) A LEA	Jennette Col	ed DAVIS	20.		8 3	YEAR 83	26 HOUR 950 AM
ı	3. SEX	4. RACE	5. DATE OF BIRTH	S/ 6. A	GE (IN YEARS LAST BIRTI	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN BOUNTRY) HO., Md	76. CITIZEN OF WHAT COUNTRY!	MARRIED   NEVER	MARRIED L		more		MD.
	Baltime aty	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SINA HOSP	OF BALTE	(TY	USUAL OCCUPATION PE OF WORK FOR MOST OF		b. KIND OF	BUSINESS OR
	USU'AL RESIDENCE (IF NURSING JOME O		VN 13d INSIDE C	NO [] 4	STREET ADDRESS	Now A	18.	1216
	Robert  160. WAS DECEASED EVER IN U.S. AI	MIDDLE COLEY	L	S MAIDEN NAME OUISE	ADDRES	55	MITO	CHELL
		IVE WAR OR DATES!	1585 431		iew Ave. A	Belts., M	D 2	1216
	PART I. DEATH WAS CAUSI	inly one couse per line for (a), (b), a ED BY: TE CAUSE (a) Linit is	Plastina ?	netasto	atic disces		BETWEEN OF	AATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEOU	gisorde ,	? etiol				
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ened choc					
		CONDITIONS CONTRIBUTING TO  Small be  Tigh CONDITION FOR WHICH	ind obstr	other	DISEASE OR COND	20b. IF YES, WE		
	RTIFIC			,	YES NO	IN GERTIFYING	CAUSES	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR		(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 (	)R PART 2)	
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		T	CITY OR TOW		YINUO	STATE
	saw the deceased alive or	n 313 not) view the body after death.			to 813 h occurred on the da	te and hour and		117
	Jang Sun	n Lee		PHYSICIAN   DI	EDICAL STAF	F and	838	
	KABG SUN	Lee	SIV	rai Hos	sp MBa	ltimn	L	
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c.		m.PR.	Balto	, ma	INTY	STATE
	24 FUNERAL DIRECTOR	+ Alan BRESS	1: til 2/ota		1 1000	CISTRAK.	A	0 0 1

REGISTRAR 256 POISTRAR'S SIGNATURE

250. DATE REC'D. BY

DHMH - 16 50M 4/82 (VRA 15, 4)

The title will be walled a title of the A Second Let X A PART AND A STATE OF THE PART The second of the state of the second AUG A season of the second of the

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Fage 4 may	eroined by the hospital ar attending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in by the funeral attention in a completely filled in a completely filled in by the funeral attention in a completely filled in a completely fil	should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages   and 2 should be filed within 72 natural measurements.	with the State Dept. of Heolth and Mental Hygiene priar to burial, cremation, or remayal.

injury, or other troumotic event, the medical

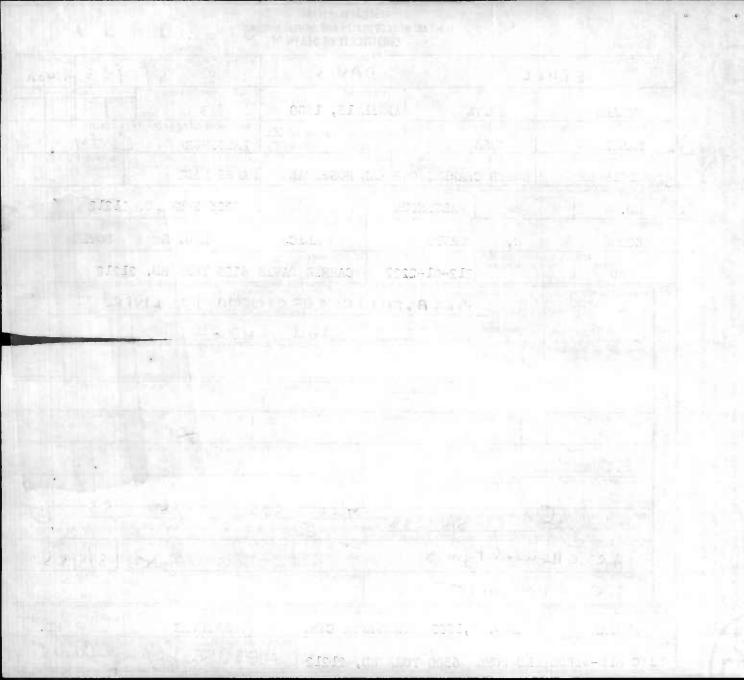
STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 8

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1000	
			MIDDLE		AST	20. DATE OF DEATH	MONTH &	DAY YEAR	2b. HOUR
TIAME	E OR PRINT)	THEL		D	AVIS		8/	5/83	4:40 AM
3. SE	х	4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE	WHIT	E	APŘII	15, 1900 Tear	83	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE   STATE OR FOR	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED XX	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	MARYLAND	USA		WIDOWE		BALTIMORE		Cita	MD.
10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)	DROTHER INSTITUTION  L HOSPITAL	120 USUAL OCCUPAT LITYPE OF WORK FOR MOST OF SALES LADY	ION DE WORKING I	12b. KIND C INDUSTRY	F BUSINESS OR
POSIT		G HOME OR OTHER INSTITUTION			l 1105111AL	OMDEO DIDI			
130. 3		36. COUNTY	BALTIMOR		134 INSIDE CITY LIMITS?	13e. SIREEI ADDRESS 6225 YOR	K RD.	21212	
14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA/			LAS	L
1	GEORGE	W.	DAVIS		ALICE	ĹÖÜI	SE	DOYL	E
	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDR			
	NO	(a tes, one than on bares)	212-01-22	27	CARRIE DAVIS	S 6225 YORK	RD.	21212	
MEDICAL CERTIFICATION	Conditions, if ony, y gove rise to immecause 10), stoting underlying couse	MMEDIATE CAUSE (a)  DUE TO, O  which diote the lost. (c)  FICANT CONDITIONS CO  196. COND	METAS  R AS A CONSEQUEN  R AS A CONSEQUEN  DITINIBUTING TO DE	CE OF	and L	LUNG  INAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NOTA	DITION GI	IVEN IN PART IN	IGS USED
AL C	OR CONTRIBUTING CAL	USE OF DEATH HOUR A.	M. MONTH DAY		THE HOW HAJORI OCCORP	(ENIER NATURE OF INJU	KT IN HEM 18	PART TORPART 2)	
DIC/	21d. INJURY OCCURRE			19	21f. LOCATION				
ME	WHILE NOT WHILE	LAT HOME STE	REET, FACTORY, OFFICE, FAR	M, ETC )	STREET	CITY OR TO	3	COUNTY	STATE
	220. I certify that (I) (if it saw the deceased obove, (I) (we) (if it 22b. SIGNATURE  A. C. C  22d. PHYSICIAN'S NAM	hs haspital) attended the slive and slived in the bady	SIS 19 8 after death.		DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	deoth occurred on the d	FF \		
23a. E	BURIAL, CREMATION, RE	MOVAL 236. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BURIAL		8,1983 BA	LTIM	ORE CEM.	BALTIMORE		COUNTY	MD.
	UNERAL DIRECTOR	DEFELD HOME	ADDRESS		250. DATI	E REC'D. BY REGISTRAR		TRAR'S SIGNAT	ure.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

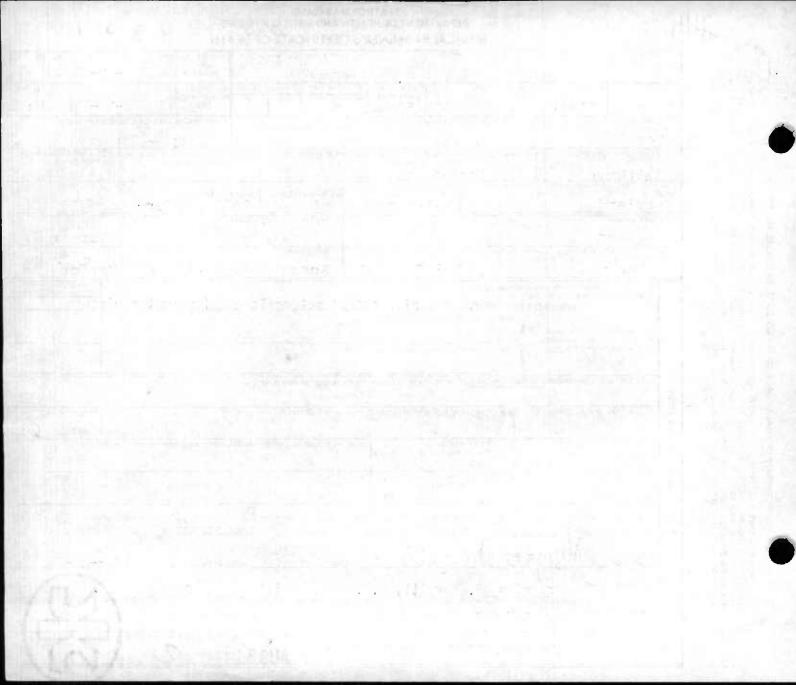


BP\_ DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				-
9	0	Jack .	6	1
600	9		9	V
	REG.	NO.		

1	1-	FOR STATE REGISTRAR		MED	EPARTMENT OF	HEALTH		FDEATH "	0 B	6 0	
		CEASED NAME OF PRINT		MES	MIDDLE G.		DAVIS	LD) 20. DATE KN OF E DEATH M	STI- XX	28-83 <sub>o</sub>	2b. HOUR
	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN Y		DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH		2d HOUR
	Ma	ale	Black	9 15	23 59	PAY MONT	HS DAYS HOURS	MIN. PRONOUNCE DEAD	8-	28-83,	8:06A
1	70. BIF	RTHPLACE (5		76. CITIZEN OF WHA		8. MARR	IED NEVER MARRI	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
5		aryla	ind	U.S	.A.	WIDOW	-		imore Ci	tv	MD.
1	10. CI	Y OR TOWN	OF DEATH		ITAL, NURSING HON	E, OR OTH	ER INSTITUTION	126. USUAL OCCUPAT	ION (TYPE OF WORK		ISINESS
2		3altimo		2650 Har	ford Road			POR MOST OF WORKING	- turci	OK INDUST	
5	130. ST		13b. COUN	R OTHER INSTITUTION, GIVE TY	136. CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 2650 Har	ford R	oad_212	18
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDI	E	LAST	
10		Arthu			Davis		Bessie			Turner	
	16a. W	S, NO, OR UNKNO	DEVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECURI		17. INFORMANT		DDRESS		
		Yes			213-20-1	181	Rosetta	C. Davis	2650	Harford	Rd.
		18 CAUSE O	EATH WALL CALICET	y ane cause per line fo						APPROXIMATI BETWEEN ONSE	
		1/o-	IMMEDIAT	E CAUSE (a) HYD	ertensive	arte	rioscleroti	c cardiova	scular d	isease	
		70-	27	DUE TO, OR A	S A CONSEQUENCE	OF				0.023	
	10		ns, if any, which ise to immediate	(b)						C H	
		couse (a) lying cau	) stating the <u>under</u> - use last.	DUE TO, OR A	S A CONSEQUENCE	OF					
				(c)							
	N	PART 2 DINER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAR	RT 1 (a).			
7	ATIC	190. DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTOPSY	?
	IFIC									YES 🗆	NO XX
7	CERTIFICATION		AL CAUSE WAS	21b. TIME OF II			OW INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR I		NA OIL
	ALC	UNDERLYING	OR OR		MONTH DAY YEA	R					200
	MEDICAL	214 INTURY	OCCURRED	21e PLACE OF	INJURY (AT HOME,		CATION				
	W	AT WORK	NOT WHILE C	STREET, FACTOR	RY, FARM, ETC.)		STREET	CITY OR TOWN	C	VINDO	STATE
		17 - 22 - 17		e af the remains descr	ibed above, held an	Autop	sy . Inspection	Inquiry X	and in my	apinian	9 30
		death result	ed fram: Natur	al causes XX	Accident , S	vicide	, Homicide .	Undetermined mann	r .		
		ACTUAL	Mn.	air lho	16.11		TITLE (SPECIFY)				
1	1	SIGNATURE.	MAN	AG 1010	much	N	Assistant	MEDICAL EXAMIN	R SIGN	E 8-28-83	
1		EXAMINER'S (TYPE OR PRI	NT) Marg	arita A.	Korell,	M.D.	ADDRESS11	1 Penn Stre	et		
	236.BL	PECIPBURI	TION, REMOVAL 2	9/1/83	Mount .		r CREMATORY rn Cem.	Baltimo	re, "	Md YTAUX	ATE
		NERAL DIREC		ADDRESA	01 = **	. 7		REC'D. BY REGISTRAR	756. REGISTRAR'S	SIGNATURE	
	WIT	i C Ma	rcn F/H	Inc. II	UI E Nor	th A	venue 'Allo	77 1 1000	100	10 0 1	



# and 2 sha TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumatic

IMPORTANT: If Hem 21 is marked of Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

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1.	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTA		REG. NO	0 5	6 1	
	CEASED NAME	liAN		endine	D Is DATE O	AVIS DE BIRTH			8/9	V YEAR VIOLET LYEAR	8:15A
7u. B	Fem H /e	2410% 7b.	IND CITIZEN OF V	WHAT COUNTRY	MONTH 7		_ 9 BAI	58	YRS	OF DEATH	HOURS MIN.
10.0	BA/to		NAME OF H	SA IOSPITAL, NURS HEACILITY, GIVE STREE	WIDOW		D   12a US	BAITO UAL OCCUPATION F WORK FOR MOST OF			M OF BUSINESS OF
13a.:	md	G HOME OR OT 13b COUNTY		GIVE RESIDENCE BEFORE  13c. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIM YES X NO [	33	RFET ADDREST	erbou		216 Road
	ATHER'S NAME FIRST	MID		LAST		15. MOTHER'S MAID FIRST	EN NAME	WIDDLE	_	LAS	51
	NAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE W	AR OR DATES)	166 SOCIAL SEC 220 24	6431	Peggy B	ates 3	337 Wir		ourne	Road
NO	18 CAUSE OF DEATH PART I. DE ATH WA A GOVERNMENT OF THE PART I. DE ATH WA CONTROL OF THE PART 2. OTHER SIGN	which ediote at the lost.	DUE TO, OR  (b)  (c)	ASIA CONSEON	JENCE OF JENCE OF			-	75	Seve	, ,
CERTIFICATION	19a DATE OF OPERAT	ION	. 19b. CONDIT	TION FOR WHIC	H OPERATIO	n was performed	20a YES	AUTOPSY?		WERE FINDINING CAUSES	
MEDICAL CE	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOT WHILE AL WORK AT WORK	AUSE OF DEATH AL EXAMINER) ED	P.M 21e. PLACE C	A. MONTH ( A.	DAY YEAR 19 . FARM, ETC.)	211 LOCATION STREET	OCCURRED (EN	TER NATURE OF INJUR		T I OR PART 2)	STATE
	220.1 certify that (1) ( sow the decease abave, (1) (we) (di 22b. SIGNATURE	d alive an	ew the bady o	19_		, 19_ nd that in (my) (aur) o DEGREE					
23n F	22d. PHYSICIAN'S NAI PMATU  BURIAL, CREMATION, R	N. N	1-0-	EEM	NAME OF C	ATTEND PHYSIC 220 ADDRESS DE CEMETERY OR CREMA	GIPHI'	STOR PHYSIC		170,M	10/83
	SPECIEVID T A T		0/12		1 . 1	TI 1 1 0	1230.	CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR

BURIAL 8/13/83

Cedar Hill Cem.

Glenburnie

Md.

Wm C March F/H Inc. 1101 E North Ave.

REGISTRARIES REGISTRARIS SIGNATURE

The said to be stated to and the second of the continued . AMBEN W MASEM SOI DEPAIN STOLE-HAME

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/ 3	
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FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

30	13	7.6	la	6
2	U	43	6	- 4
-				

1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	EAR 2b. HOUR		
	MILDRED		DAV	IS	AUGUST 1	6:40%			
3. SEX	Female	Negro	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 5 MOURS MONTHS DAYS HOURS AVER 1 PART 1 PAR				
1 9	RTHPLACE (STATE OR FOREIGN 7) COUNTRY)  1timore MD	L CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED D	9. BALTIMORE CITY BALTIMOR	OR COUNTY OF DEA			
2	LTIMORE	I. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	ADDRESS)	OR OTHER INSTITUTION  S HOSPITAL	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST		IND OF BUSINESS OR		
13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 436 COUNT aryland	THER INSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltime	VN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1635 N.		ve. 2121		
	Harry	IDDLE LAST Campbe		Viola	WIDDLE		ones		
	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	ADDRESS 12-16-4532 Michelle Davis 1415 Mullikin Cour						
CERTIFICATION	gove rise to immediate couse IoI, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COMENING I UM  19a. DATE OF OPERATION		DEATH BUT		NINAL DISEASE OR CO	20b. IF YES, WERE	WERE FINDINGS USED		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ON OT WHILE OF THE ORDER  AT WORK AT WORK	P.M.  210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	21f. LOCATION STREET	CITY OR	rown cour	NTY STATE		
	22a.1 certify that (1) (this hospital sow the deceased alive on obove, (1) live) (did (did not)	date and hour and fro							
	22d. SIGNATURE  22d. PHYSICIAN'S NAME LTYPE OR	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  120. ADDRESS							
	K. Boy	LAN		SUNDE	HOPKINS L	OSPITAL	,		
1	BURIAL, CREMATION, REMOVAL BURIAL	0100100		ore Cemeter	z d LOCATION CITY OF TOWN  Baltimo	ore,	Md.		
	uneral director  m C March F/H	Inc. 1101 E	Nor	th Ave. 250. DA	JG 1 5 1983	RI256 RIGISTRAR'S S	L. Conied		

DHMH - 16 50M 4/B2 (VRA 15, 4)

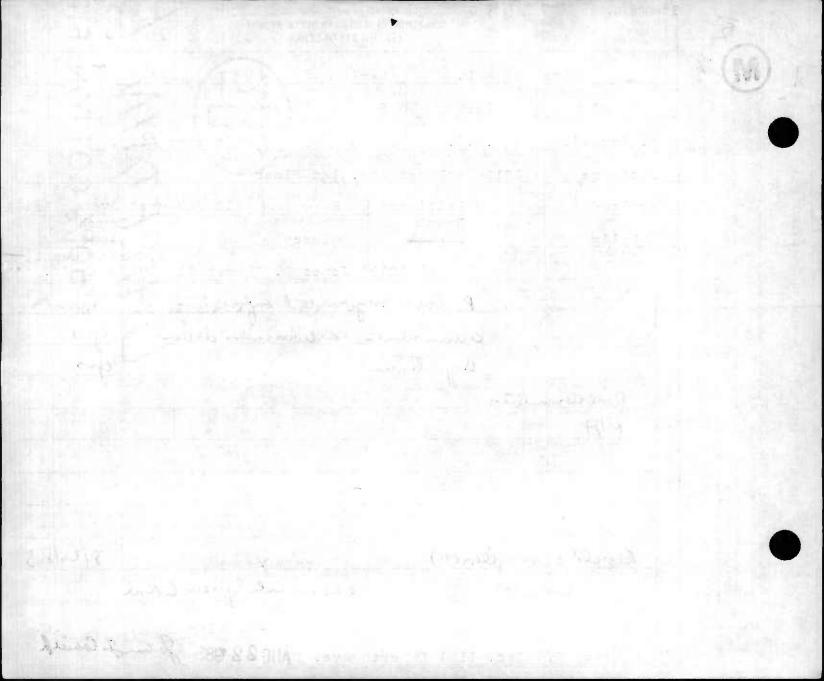
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corban papers Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low requires that the ospital or attending physician.

retained by the hospital or TO HOSPITAL OR

LEED HOLDEN STATE AND ALLEY va C Maten a/2 Inc. 1161 .. . . . . . . . ve.

FOR	5 & 17	9/7/83					NE			
- STATE REGISTRAR							0 2	NO.	5 0 5	
DECEASED NAME	FIRST	M	IDDLE	L	ST		20 DATE OF DEATH	MONTH	-	Pb. HOUR
CEV			L.					8	20	M
					DAY	YEAR		IRTHDAY)		HOURS MIN.
				5	6 1	900		YRS.	TV OF DEATH	
COUNTRY)							A CONTRACTOR OF THE CONTRACTOR			
										MD RUSINESS OR
Baltimor		(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESS)			LTYPE OF WORK FOR MOST			00311 VE33 OK
USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION C	GIVE RESIDENCE BEFORE	ADMISSION)					212	15
							4212 Pe	nhurs	t Avenu	e 1st
4 FATHER'S NAME	N	AIDDLE	Branch			AIDEN NAME			Branch	
Wally			Blanch			су			Blanch	-
			166. SOCIAL SECU	RITY NO.	17. INFORMANT	190			bans Qu	eens,
NO			244-42-	4217	A James	L. 1	Thomas 1	15-29	200th	St. N
18 CAUSE OF D	EATH (Enter only	y one couse per l	ine for (a), (b), and	l (c)					APPROXIMA BETWEEN ON	SET AND DEATH
PARE I. DEAT			Probable	e m	gorande	ed or	factor	2	me	mer
14/00	)	DUE TO, OR	AS A CONSEQUE	NCE OF	0		0	1100		
Conditions, if	ony, which	( (b) C	erterion	lute	. carde	work	ulan der	low	grs	
couse (a, s	tating the	DUE TO, OR	AS A CONSEQUE	NEE OF					0	
underlying c	ause last.	(c)	Syperle	une					y	
PART 2 OTHER			NTRIGITING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	VDITION GI	IVEN IN PART 10	
@ () rai	viterm			8/2		25.40	4			
S 19a DATE OF OP	RATION	196. CONDIT	ION FOR WHICH	OPERATION	I WAS PERFORME	D	20a AUTOPSY?			
E 1	7						YES NO			NO [
				Y YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM 18	PART 1 OR PART 2)	
S (IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M		19					18.11	
21d. INJURY OCC		21e PLACE O	F INJURY ET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET		CITY OR 1	OWN	COUNTY	STATE
AT WORK A	WORK						A. L.			
		al) offended the	deceased from							
obove, (I) (w	e) (did) (did not	view the body a	fter death.			7 opinion de	orn occurred on the	date and no	or and from the co	uses stated
120. SIGNATURE	0171	11. On.	1,00	C		NDING .	MEDICAL ST	\FF	22c. DATE SI	GNED
Nava		N Japan	nr11)		PHYS				18/0	-48)
ZZQ PHISICIAN		1				, , ,	00	1		
							of Strong	Las	ne	
3a BURIAL, CREMATIO	ON, REMOVAL	23b. DATE					23d LOCATION		COUNTY	STATE
BURTAL		8/24/	83 Ca	stali	a Churc	ch Ce	Spring	Hone	3	N.C.
						250. DATE R	REC'D. BY REGISTRA	250 REGIS	TRAR'S GIGN UP	E
Wm C Mar	ch F/H	Inc.	1101 E	North	n Ave.	AUG	2 2 198	13 h	-	-7.
	TOR  FOR  STATE  REGISTRAR  DECEASED NAME  (IVPE OR PRINT)  S. SEX  Femal  COUNTRY)  N. Caro  COUNTRY)  N. Caro  COUNTRY  NAME  FIRST  Maryland  FATHER'S NAME  FIRST  Wall  (YES NO OR UNRINOWN  NO  18 CAUSE OF D.  PART I. DEAT  COUSE IO., S'  UNDERLYING  COUSE IO., S'  UNDERLYING  COUNTRIBUTING  (IF EITHER NOTIFY.)  21d. INJURY OCC  WHILE  NO  CONTRIBUTING  (IF EITHER NOTIFY.)  22d. I certify tho  SOW the decobove, (I) (W  22d. SIGNATURE  DOWN, (I) (W  22d. PHYSICIAN')  BURIAL, CREMATIC  SEECERY I  BURIAL  FUNERAL DIRECTO	TORUSTATE REGISTRAR  DECEASED NAME (IVPE OR PRINT)  Sarah  S. SEX  Female  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N. Carolina  O CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (IF NURSING HOME OR IS)  STATE  Wally  60 WAS DECEASED EVER IN U.S. ARR (YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (a, stating the underlying cause lost)  PART 2 OTHER SIGNIFICANT COUNTRY (IF EITHER NOTIFY MEDICAL EXAMINER)  190 DATE OF OPERATION  PART 2 OTHER SIGNIFICANT COUNTRY (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. SIGNATURE  220. I certify that (I) (this hospital country was allowed to compose (I) (we) (did) (did not 27b. SIGNATURE  DOWN (I) (we) (did) (did not 27b. SIGNATURE)  10 PART 2 OTHER SIGNIFICANT (I) (THE CONTRY I) (II) (THE CONTR	DECEASED NAME  Sarah  S. SEX  Female  Bla  COUNTRY  N. Carolina  U.S  OCITY OR TOWN OF DEATH  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH  FATHER'S NAME FIRST  MARY Land  FATHER'S NAME FIRST  MAY 1 AND  OCITY OR TOWN OF DEATH  II. NAME OF H (IF NOT IN SUCH  4 212  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH  III. NAME OF H (IF NOT IN SUCH  4 212  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH (IF NOT IN SUCH  4 212  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH (IF NOT IN SUCH  4 212  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH (IF NOT IN SUCH  4 212  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF DEATH (IF NOT IN SUCH  4 FATHER'S NAME FIRST  MAPPLE  WAILLY  60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNRNOWN)  III CAUSE OF DEATH (IF YES, GIVE WAR OR DATES)  NO  18 CAUSE OF DEATH (IENter only one couse per If PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF UNDER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF CITY OF OR OTHER CAUSE  OR CONTRIBUTION COURTED  AND COUNTY  190. DATE OF OPERATION  191. CAUSE OF DEATH (IF CITY OF OR OTHER CAUSE (A)  210. ACCIDENT WAS UNDERLYING COUNTY  AND COUNTY  PART 2 OTHER SIGNIFICANT CONDITIONS (C)  CONDITIONS (IF YES, GIVE WAR OR DATE (IF NOT IN SINCE (IF NOT IN SINCE (IF NOT IN	DECEASED NAME    Sarah   L	DEPARTMEN OF HIS REGISTRAR  DECEASED NAME (IMPE OR PRINT)  Sarah L. Date (IMPE OR PRINT)  MARKET SARAE (IMPE OR PRINT)  MARKET SARAE (IMPE OR PRINT)  MARY Land Late (IMPE OR PRINT)  Sarah L. Date (IMPE OR PRINT)  IN AMBEDIATE COUNTRY?  Baltimore Late (IMPE OR PRINT)  IN AMBEDIATE CAUSE OF DATH (IMPE OR PRINT)  IN AMBEDIATE CAUSE (IMPE OR PRINT)  IN AMBEDIATE CAUSE OF INJURY (IMPE OR PRINT)  IN AMBEDIATE CAUSE OR INJURY (IMPE OR PRINT)  IN AMBEDIATE COUNTRY (IMPE OR PRINT)  IN AMBEDI	DEPARTMENT OF HEALTH AND MEN REGISTRAR  DECASED NAME  (IMPROBIPMI)  Sarah  L.  Davis  S. SARAh  L.  Davis  S. DATE OF BIRTH  MODIT  FEMALE  Black  Female  G. BIRTHPLACE (STATE OF FOREIGN COUNTRY)  R. Carolina  U.S.A.  DECASED NAME  TO COUNTRY  N. Carolina  U.S.A.  DAVIS  MARRIED DAVIS  MARR	DECEASED NAME  (1995 CREATED NAME  (1995 CREAT	DECEASED NAME  SATA L. DAVIS  SET   SATE OF DEATH OF THE STATE OF DEATH OF SATE OF SATE OF DEATH OF SATE OF SATE OF DEATH OF SATE OF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  STATE  DECEASED NAME  (1995 CAPAGE NAME  (199	DEPARTMENT OF REALTH AND MENTAL BYGINE  REG NO  STAN  SARA  1801  NOCCEASED NAME  1801  SARA  L.  DAVIS  SEX  Female  Black  Black  SOLATE OF BRITH  NAME OF LOWER AND



SIGNATUR

24 FUNERAL DIRECTOR

EXAMINER'S NAME (TYPE OR PRINT)

1 - 5	FOR STATE REGISTRAR			STATI EPARTMENT OF H PICAL EXAMINE	EALTH	2015		THE GO	0 d	6 4	
(THOMAS) DAVIS								DEATH MAT	ED X 8	18 19 83	
3. SEX	male black 8 10 1924 59 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 8								18 19 83	9:10 a M	
FOF	RTHPLACE (51)	C.	US A		WIDOW		RCED XX	Baltimo	ore City		MD.
E	TYORTOWNO	re	(1F NOT IN SUCH FACIL	ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS! GILMON St.		ER INSTITUTION		AL OCCUPATION OST OF WORKING L	N (TYPE OF WORK	0R INDUSTR	
13a. ST	Md	136 COUNT	TY	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore		13d INSIDE CITY LIMITS?	□ 236	N. Gi	lmore S		1223
G	THER'S NAME George		WIDDLE	Davis		15. MOTHER'S MAII		WIDDLE		Foster	
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				250-20-28		Initia, ra.					
	PART I DE/	IMMEDIATE  ns, if any, which ise to immediate a state of the state of	DUE TO, OR A	or (a), (b), ond (c).)  LCOHOL I SM  AS A CONSEQUENCE OF						APPROXIMATE BETWEEN ONSET	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPER.						PART 1 (c).			20 AUTOPSY?	NO 🐼
	UNDERLYING CONTRIBUTIN	ING CAUSE OF DE	21b. TIME OF II HOUR A.M. I	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)							
MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE AT WORK		FINJURY (ATHOME, 211, LOCATION  DRY, FARM, ETC.)  STREET CITY OR TOWN COUNTY					YTMU	STATE	
	22a. I certif		e of the remains descr		Autops	, Hamicide		Inquiry	ond in my of	oinion	

AT WORK 220. I ce death res ACTUAL DATE SIGNED 8-18-83

> Ann M. Dixon, M.D. **ADDRESS**

111 Penn St., Balto., Md. 21201

STATE

23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 8/22/83 Burial Mt

23d.LOCATION CITY OR TOWN Baltimore

Auburn Cemetery Baltim
- North Ave AUG 22 985

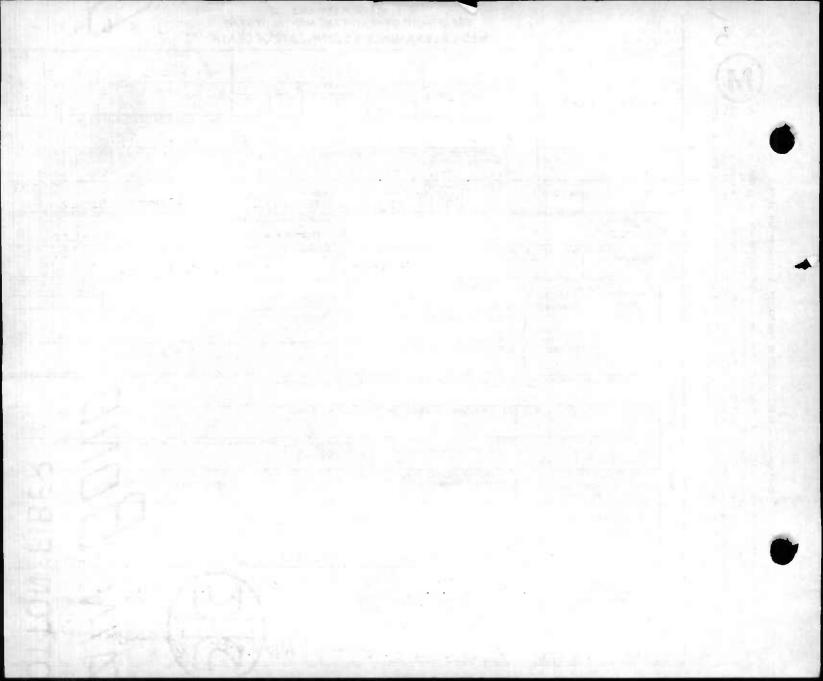
Assistant MEDICAL EXAMINER

William C. March F/H 1101 E. North Ave

(VR A15 ME (5)) 20M 4/82

**DHMH - 17** 

BP



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove cardion paper. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic

ws ony

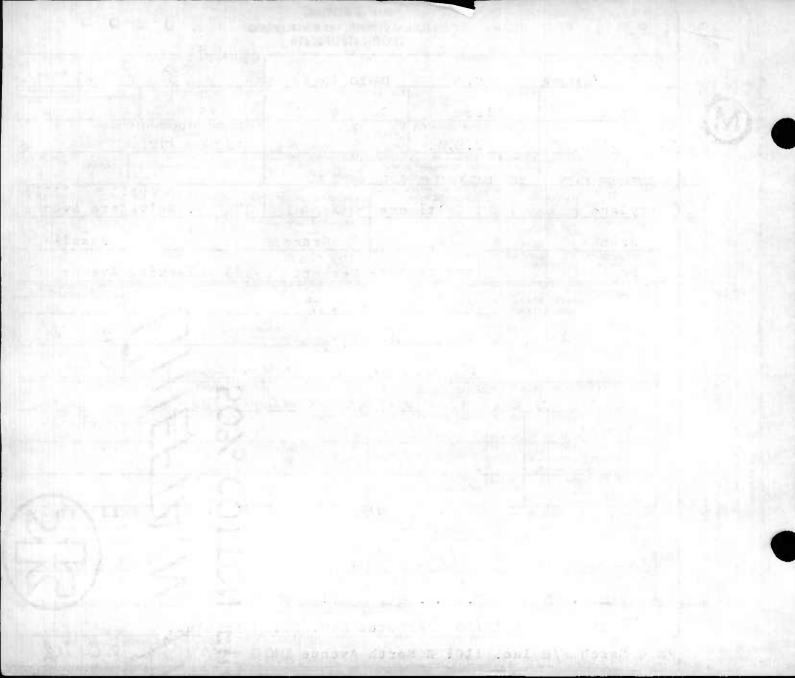
MPORTANT: If them 21 is morked or them 18 sha

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WIGIENE

5 2

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL	HYGIENE	REG. NO.	Ö	0 0		
	CEASED NAME FIRST		MIDDLE		AST	2a. D/	ATE OF DEATH MO	NTH DA	Y YEAR	2b. HOUR	
(ITPE	WALTER		Ρ.	DA	YED (DAY)		8	6	83	9:47PM	
3. SE		4. RACE		5. DATE C	OF BIRTH		E (IN YEARS LAST BIRTHDA		UNDER 1 YEAR	IF UNDER 24 HRS.	
Male Black				7	4 16		67	YRS.	DAYS DAYS	HOURS MIN.	
7a. Bi	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BAI	TIMORE CITY OR		F DEATH		
	shington, DC		U.S.A.	WIDOWE			ALTIMORE C	ITY		MD.	
	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION		SUAL OCCUPATION		12b. KIND C	OF BUSINESS OR	
P. 7	TITTMORE CITY		HON MEMO		HOSPITAL	(TIPE	OF WORK FOR MOST OF W	JAKING LIFE)	INDUSTRI		
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	PROTHER INSTITUTION	13c. CITY OR TOV	WN	136. INSIDE CITY LIMIT		TREET ADDRESS		.309	21215	
_	aryland		Balti	more	YES X NO		800 W. B	elve	dere	Avenue	
IA. FA	THER'S NAME FIRST  John	MIDDLE	Day		15. MOTHER'S MAIDEN		WIDDLE		Bas	sil	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS				
(	yes, no or unknown) (if yes, g	IVE WAR OR DATES)	577-46	-5326	Herbert	Day 8	838 Glen	wood	Aven	ue	
	18 CAUSE OF DEATH Enter of	inly one cause per	r line far (a), (b), a	nd (c)	1 4				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
	ILE AMMEDIATE CAUSE (0) CArdiac Arrest										
	DUE TO, OR AS, A CONSEQUENCE OF								21	115	
	Conditions, if any, which (b) Protuse				noptysis				2hours 45 min		
	couse (a), stating the underlying couse last.  Due to, or as a consequence of underlying couse last.  (a) Fundus ball in Right Upper Lobe						>1	year			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a										
CERTIFICATION										unction	
3	190. DATE OF OPERATION	196. COND		Left	N WAS PERFORMED	20a			WERE FINDIN		
ET.	8/2/83	8/2/83 Gans			tout		YES NOT YES			№ □	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY	AY YEAR	21c. HOW INJURY OC	CCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PAR	T I OR PART 2)		
CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.	.м.	19							
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
	220.1 certify that (1) (this haspital) attended the deceased from 7/28, 1983, to 8/6, 1983, that (1) (we) last										
	saw the deceased alive on										
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P								SIGNED		
	226. PHYSICIAN'S NAME (TYPE	OR PRINT)	10/1	(	22e. ADDRESS	AN DOIRE	CTOR PHYSICIAL	14	1 0/0	705	
	EARL B. MC	FADDEN J	R. M.D.		201 EAS	T INVE	RSITY PAR	CHAY			
23a. E	BURIAL CREMATION REMOVA			NAME OF C	EMETERY OR CREMATO		LOCATION				
1	SPEBUR I AL	8/12	/83 A	rbuti	is Mem. Pl	k.	Arbutus,		COUNTY	Md.	
	JNERAL DIRECTOR						D. BY REGISTRAR 246	REGISTRA	AR'S SIGNAT	URE	
Wm	CAMMarch F/H	Inc.	T T O Type Ess	North	Avenue A	AUG 9	1983	san	y la	anely	

DHMH - 16 50M 4/82 (VRA 15, 4)



executed within 24 hau

certificate be

deoth o

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. poge 3

nest be notified

medical

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled wr with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

53	11	2	6	4
C. 100	U	4	9	Q
DEC.	NO			

1-	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. NO.	3 5 5	AND S
	CEASED NAME FIRST		MIDDLE	L	AST		ONTH DAY YEAR	2b. HOUR
(TYPE	Rochelle	9	Maria	DeF	rances	August 14.	1983	M
3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		July		31	MONTHS DAYS	HOURS MIN.
	RTHPLACE ISTATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
10. CI	Balto., Md	11. NAME OF	HOSPITAL, NURSING	G HOME C	DR OTHER INSTITUTION	Baltimore	N 126. KIND (	MD.  OF BUSINESS OR
	Balto., Md.	230 A	the facility, give street a	St.		(TYPE OF WORK FOR MOST OF V		
13a. S	AL RESIDENCE (IF NURSING HOME OF 13b COL		13c CITY OR TOWN Balto	N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 230 Albemar	le Street	200
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	FA	st
	Roy		Frances		Grace		Sergi	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
		_			Rocco DeFra	ances 616 S	Lakewood	Ave
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per ED BY:	( ±		atom acres	1.	BETWEEN	ONSET AND DEATH
	3439 IMMEDI	ATE CAUSE (a)  DUE TO, O	R AS A CONSEQUE	NCE OF	Mora Contes		- / 3	MIO
	Conditions, if any, which	(b)_	Seven	Cer	whol Pola	7		
H	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF		1		
-	PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO S	EATH BUT	NOT PELATED TO THE TECH	INAL DISEASE OF COLOR	TION CIVEN IN BART	(n)
NO	ARI Z. OTHER SIGNIFICANI	COMPINONS CO	C. TINIBUTING TO L	CECUIT OUT	OT REENTED TO THE TERM	TAL DISEASE OR CONDI	MON GIVEN IN PART I	
MEDICAL CERTIFICATION	190. DATE OF OPERATION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO		
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH	DFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY)	IN ITEM 18, PART 1 OR PART 2)	1 3 1 7 7
MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify tha (1) (this has saw the deceased alive a above (1) we) (did) (did)	8/13	19_0	7.7	nd that in (my) (aur) apinion a	death occurred on the date		tho (1) (we) last
	27b. SIGNATURE	Pelli	00		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	0/	SIGNED /83
	22d PHYSICIAN'S NAME (TYPE		<b>&gt;</b> .		1205 York	Rd. Witherill	e Ma. 210	SP.
23a. E	BURIAL, CREMATION, REMOVA	L 23h DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	Aug.16	6. 1988	Holy		Baltimore	9	Md.
24. FU	NAME Della Noc	e & Sons	ADDRESS 3	22 S.	High Street	GET 784983 RAR	PERSTRANGE CO	melf

DHMH-16 60M 1/73 (VR A 15 (4))

THE TEST SALE DANS

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

	1-	FOR STATE REGISTE
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE

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Cim.	0	000		

١	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST KEINT)	LLY	B.	D	ENTON	20. DATE OF DEATH MONTH	5 83 1.25 PM
	3. SEX	Male	4 RACE White		5. DATE C	h 4, DAY 1910°	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS HOURS MIN.
		THPLACE (STATE OR FOREIGN	76. CITIZEN OF U.S.A	• WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore C	
		ortown of DEATH Baltimore	11. NAME OF (IF NOT IN SUC North	HOSPITAL, NURSIN THE FACILITY, GIVE STREET Charles G	IG HOME ( ADDRESS) enera	nother institution  1 Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) WORKER	ng life) 12b. KIND OF BUSINESS OR INDUSTRY Dredge Boat
	13a. S1	L RESIDENCE (IF NURSING HOM TATE aryland		130 CITY OR TOW Baltimo	ADMISSION) N Pre	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5508 Fernpark	Avenue 21207
1		THER'S NAME Vill	WIDDLE	Denton		Willie	Belle Belle	Harwick
	[7]	AS DECEASED EVER IN U.S. es, no or unknown) (IF yes	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU 408-14-2		Wilson Funer	al Home Ft. Og	30 / 42 lethorpe, Ga.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN ACUTE  19a. DATE OF OPERATION	DUE TO, OO (C)	- FAIL	OSC ENCE OF DEATH BUT	NOT RELATED TO THE TERM  THE PA	AINAL DISEASE OR CONDITION	ISEASE - I GIVEN IN PART 1 10 10 10 15 15 - ASCITE FYES, WERE FINDINGS USED
	MEDICAL CERTIFIC	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING NOT WHILE	21b. TIME C DEATH HOUR A P. 21e. PLACE (AT HOME ST DOSpitol) Other dead the	OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	YEAR 19 SARM ETC)	211. LOCATION STREET 27 1983	RED (ENTER NATURE OF INJURY IN ITEN	COUNTY STATE  COUNTY STATE  A hour and from the couses stated
_	23a. Bi	URIA, CREMATION, REMOVE Burial	/AL   23b. DATE   8-9-			Ga.Mem. Park	1234 LOCATION	Jalker, 66/6 Georgi

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filling in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland

1050 York Road 250 DATE REC'D AUG 9 1983

8 5 83125K	A CHARLE DEVINA	
	Take so the second second second	
HERMAN PROPERTY		
and the last of th	UA STREET, STATE OF A STATE OF	

# executed within 24 hours ofter death. Page 4 may be O HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanopapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			,.DE	PARTMENT OF F	REALTH AN	D MENTAL HYG F DEATH	SIENE	REG. NO.	0 0 0	
1. DE	CEASED NAME	FIRST		AIDDLE 3		LAST		20. DATE OF		DAY YEAR	2b. HOUR
	OR PRINT)	HELEN	I	A.	DEVO	OTO		8/17/	83		1010A M
3. SE	X	4.	RACE		5. DATE (			6. AGE INYE	ARS LAST BIRTHDAY)	MONTHS DAYS	
.5	Female		White		May		1916		67 YR		HOURS MIN.
7a. Bi	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF		INTRY? 8.		R MARRIED XX	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
	Md.		U.S.		WIDOWE	ED	DIVORCED [	BALT	IMORE, C		MD.
10. C	BALTIMORE	TH 11	(IF NOT IN SUC	H FACILITY, GIV	NURSING HOME ( VE STREET ADDRESS) EMORIAL I			(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN STRESS	IG LIFE) INDUSTR	thing Co
	AL RESIDENCE (IF NURSIF STATE Md.	NG HOME OR OT 13b. COUNTY		13c. CITY C		13d. INSIDE	CITY LIMITS?	13e. STREET A	DDRESS B Pelha	m Ave.	21213
14. FA	THER'S NAME  FIRST  Columbo		DOLE	DeV	AST CO	15. MOTHE	FIRST		MIDDLE		AST
16n V	VAS DECEASED EVER I		D FORCES?		AL SECURITY NO.	17. INFOR		ria	ADDRESS	1	Parma
	no or unknown)	(IF YES, GIVE V			05-9258	Rose	e DeVot	o (sis	ster) s	ame ado	dress
ATION	gove rise to imm couse (o), storing underlying couse  PART 2. OTHER SIGN  Colonic	PART 2. OTHER SIGNIFICANT CONDITIONS CO			CR ME NSEQUENCE OF NG TO DEATH BUT	astase	ED TO THE TERM		URMAN PSY? 20b. IF,	GIVEN IN PART I	infection INES USED
RTIF			L.		, —			YES 🗌	NO []	YES 🗌	NO 🗆
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC.	AUSE OF DEATH	21b. TIME O HOUR A.	M. MON	TH DAY YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDI	21d. INJURY OCCURRI	LE 🗍	21e. PLACE ( (AT HOME, STR		OFFIRE FARM, ETC )	21f. LOCA STR	TION		CITY OR TOWN	COUNTY	STATE
1	22a. I certify that the saw the decease obove; (1) (2a) (di	d alive on	8/1	7/83	19, oi	nd that in (m	ny) (boc) opinion	death occurred	on the date and		, that (1) (we) lost e couses stated E SIGNED
	Pic	hard	,	drub				MEDICAL DIRECTOR	STAFF PHYSICIAN	8//	7/83
	22d. PHYSICIAN'S NA		RINT) ODRUBE	T7. M	D.	220 ADDF		iversit	y Pkwy.	Balto 2	1218
22 .								123d LOCA		Darco. 2	12.10
23a. b	BURIAL, CREMATION, F (SPECIFY) Burial	REMOVAL	23b. DATE 8/20	183	HOLY D			CITY C	RION	COUNTY	STATE

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

Schimunek Funeral Home posinc. 3331 Brehms Lane, Balto, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHENE

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1	REGISTRAR				REG. NO					
I. DE	CEASED NAME FIRST	MIDDLE	1	LAST @	20. DATE OF DEATH	MONTH DAY YEAR	25. HOUR			
		EPH V.	DIBLAS			8-13-83	6 f.			
3. SE	AA A	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS				
	Male	White	0	.27, DAY 1908 FAR	75	YRS.				
70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH				
1	Italy	USA	WIDOW	ED DIVORCED	BALTIMOR					
10. €	ITY OR TOWN OF DEATH		TAL, NURSING HOME ( ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS			
1	BALTIMORE		MORIAL HOSE	PITAL Balto.	Custodian	K.of	6			
13e. S	STATE 186 COU	NTY _ 13c. C	ITY, OR TOWN,	134. INSIDE CITY LINUTS?	130 STREET ADDRESS		11d.2			
	iryland Bali	to.(0. 1	ikesville	YES NO M	, ,	ewood Rd.Pi	resvill			
4. FA	ATHER'S NAME	MIDDLE	DiBlasi	15. MOTHER'S MAIDEN NA	MIDDLE	C	AST /			
	Joseph			Concett		(iaram)	unti			
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRES					
	No	21	3-09-6845A	Mrs. Philomeno	( DiBlasi.	Same as abo	ve			
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line fo	or (a), (b), and (c).			APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEA			
		TE CAUSE (o) A	inte Myses	rdial Infar	ction					
	4100	DUE TO OR AS A	CONSEQUENCE OF							
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( )										
gove rise to immediate										
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF							
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
Z	old @CVA new (R) CVA; Diabetes mellitus									
CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATIO			20b. IF YES, WERE FIND	INGS USED			
문						IN CERTIFYING CAUSE	S OF DEATH?			
1 2	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	IPY	21c. HOW INJURY OCCUR	YES NO	YES D	№ □			
	OR CONTRIBUTING CAUSE OF DE			THE TION WASON OCCOR	CENTER NATURE OF INJURY	INTERNIO PART ORPARTZ)				
Q V	(IF EITHER NOTIFY MEDICAL EXAMINE		19							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE			
1	WHILE NOT WHILE AT WORK									
	22a.1 certify that (1) this hosp			19 83	_, to8//3	19 83	, that (II) we)			
	sow the deceased alive or above ((1) )we) (did) (did no	nt) view the body ofter	death 19 1, o	nd that in (my) (our) opinion	deoth occurred on the dot	te and hour and from the	e couses stated			
	22b. SIGNATURE	1 4		DEGREE		22c. DAJ	E SIGNED			
	Robert A	Milker		MD ATTENDING PHYSICIAN	MEDICAL STAFF		13/83			
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS						
	ROBERT A. I	MILLER		UNTON MEMO	RIAL HOSPIT	AT.				
22- 1	BURIAL, CREMATION, REMOVAL		230 NIAME OF C	EMETERY OR CREMATORY	23d LOCATION	E LANG				
	(SPECIFY)	A AM	0- 6 1		O CITY OR TOWN	O SOUNTY	M STATE			
24 5	Burial	Hug. 17, 19	183 Gardens			, Dalto. Co	o Haryli			
	UNERAL DIRECTOR	11 120 0	TADDRES 1 0		E REC'D. BY REGISTRAR 2	PEGISTRARS SIGNA	TURE			
/1/k	Gully Funeral	riome, 130 C.	, rout Ave. D	acto. ra. Hul	3161983	John G	sheeld			

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

S I LES-EN - E 15 II AND TEAMER IV HERET S L PR. I . Stu 2070 36000306 BARTANDER CHICK MEMORIAL MOSFETIAL LALLA. LELIA. Market of the Control ASSESSED TO THE PARTY OF THE PA The second of th RILIE A DESCRI And the state of t

DHMH - 17 (VR A15 ME (5))

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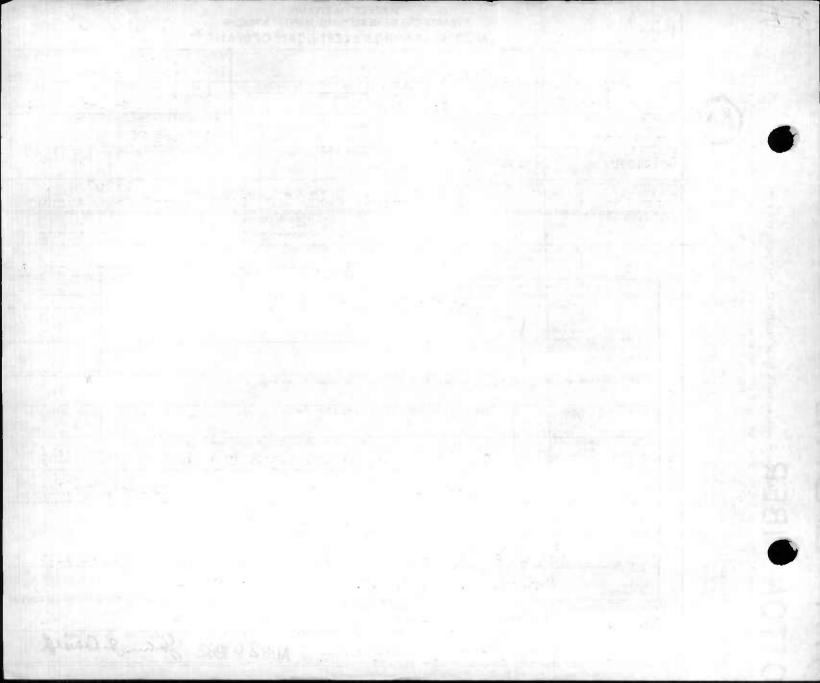
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	-7	
U	0		
REG.	NO.		

		REGISTRAR		MED	ICAL EXA	MINER'S	ERTIFICATE (	OF DE	ATH REG. NO.			
Н	I. DEC	EASED NAME	E FIRST		WIDDLE		LAST		20. DATE KNOWN XX		DAY YEAR	2b. HOUR
6	(TYPE	E OR PRINT)	JAMES	Jer	ome	DICKE	RSON		OF ESTI-		6-83,	
	3. SEX		4 RACE	5. DATE OF BIRTH			DER 1 YR. IF UNDER		2c. DATE	MONTH	DAY YEAR	R 2d HOUR
	Ma	ale	Black	2 1	43	40 YRS.	HS DAYS HOURS	MIN.	PRONOUNCED DEAD		6-83,	4:44P
М		RTHPLACE (5'	TATE OR	76 CITIZEN OF WHA	T COUNTRY?	8 MARR	ED NEVER MARE	RIED 🗆	9. BALTIMORE CITY OF	-	Y OF DEATH	
5.	Ma	arylar		U.S		WIDOW			Baltimore C			MD.
U		1 timore		11. NAME OF HOSPI (IF NOT IN SUCH FACIL 3615 HOW	LITY, GIVE STREET A	DDRESS)			UAL OCCUPATION (TYPE ( MOST OF WORKING LIFE)	OF WORK	OR INDUS	
5	13a. ST		13b. COUNT	OTHER INSTITUTION, GIVE Y	13c. CITY OR T		13d. INSIDE CITY LIMITS? YEXXX NO	13e STR	eet address 15 Howard	212 Par		nue
	14. FA	THER'S NAME		WIDDLE	\$AST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	
Y		Ronal	ld	Model	Clark	<	Marga	ret		ľ	Montaqu	ue
		AS DECEASE	D EVER IN U.S. ARM		16b. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS			
	(16	Yes	(IF TES, GIVE W	AR OR DATES)	217-4	40-0077	Dorothy	Gre	ene 3615 E	- EwoF	rd Par	rk Ave
		18 CAUSE O	F DEATH (Enter only	one cause per line fo			71-13				APPROXIMA BETWEEN ONS	SET AND DEATH
		all		CAUSE (a)		-	complicati	ons				
	-	116	O	DUE TO, OR A	S A CONSEQU	JENCE OF			v/3P			
		gave ri	ns, if ony, which se to immediate	(b)								
		couse (o) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF										
		BARY 2 OVUER CO	Chillian Conditions	(c)								
	Z	PARI Z UTNEK SI	GUILICAMI COMOLLIONS CI	DNIKIBUTING TO UTATH BU	I NUI KELAIEU IU	THE TERMINAL UISEAS	E OR CONDITION GIVEN IN P	ARI I (a).				
	ATIC	19a. DATE OF	OPERATION	195 CONDITIO	ON FOR WHIC	H OPERATION W	'AS PERFORMED?	_			20 AUTOPSY	Y?
7	CERTIFICATION										YES 🗆	NO XX
0	CERI		AL CAUSE WAS	21b TIME OF I					NATURE OF INJURY IN ITEM 18 PA			
5		UNDERLYING CONTRIBUTI	NG CAUSE OF D	' '	WONTH DAY	1,980 su	bject stru	ick b	y a piece of	sca	iffoldir	ng
1	MEDICAL	21d. INJURY C			RY FARMATIC		CATION		CITY OR TOWN	COL	UNIX	• STATE
1	2	AT WORK	XXT VOR	Mason	ry Co.	un	known		CITY OR TOW Baltin	iore,	Maryla	and
1		22a. I certi	fy that I took charge	of the remains descr	ibed obove, he	eld an Autap	sy . Inspection	an XX.	Inquiry , and	l in my op	inion	
0		death result	ed fram: Natura	al causes .	Accident XX	Suicide	, Hamicide .	Unde	termined manner .			
		ACTUAL	Maria	D- 1	W.	4	TITLE (SPECIFY)			DATE	0 07 4	
-		SIGNATURE.	WOU	more II	W. Jne	el M	D Accident	MED	DICAL EXAMINER	SIGNE	8-27-8	33
2	100	EXAMINER'S (TYPE OR PRI	NAME Mai	rgarita A.	Korel	1, M.D.	ADDRESS	Penn	Street			
	(5)	PEC (FY)	TION, REMOVAL 23			OF CEMETERY C		CITY	OCATION OR TOWN	COUN	MIY	STATE
	]	BURIAI		8/31/83	Arb	utus Me	morial P		Arbutus			d.
		NERAL DIREC		ADDRESS			0.114	-		TRAR'S S	IGNL TURE	1
	Wm	C Mar	rch F/H	Inc.1101	E. No	orth Av	enue AU	<b>629</b>	MOS /	~		,



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co-should be detached for use as the buriol-transit permit. Then please remove carbon-popers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

and completely filled in by the funeral

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

0 8

1.	FOR STATE REGISTRAR			F HEALTH AND MENTALH	YGIENE 2 0 8	/
	CEASED NAME FIRST	MIDI E	MCALL TO THE	last cha Tr	20. DATE OF DEATH MONTH	YEAR 26. HOUR
3. SE		4. RACE	5. DAT	derichs, Jr	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
M	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Saryland	76. CITIZEN OF WH	A WIDO	RIED NEVER MARRIED !	Baltimore Cit	Ey MI
F	2a Ho Cify/	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	Spita	17a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE  Floor Sander	126. KIND OF BUSINESS OR INDUSTRY
5 13%	JAL RESIDENCE (IF NURSING HOME OR		e residence before admission. CITY OR TOWN  Baltimore	YES X NO .	4848 Greencrest	21206 Rd. Balto.MD.
0	Otto	E.	Diederichs	15. MOTHER'S MAIDEN I	MIDDLE	Mach
		MED FORCES? 16 VII	212-18-859		ADDRESS Balt ederichs,4848 Green	co.MD. 21206 ncrest Rd.
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o1), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (19 A. DATE OF OPERATION)	CONDITIONS CON	S A CONSEQUENCE OF		IN CERTIF	EN IN PART 110'  Sec Sec.  Were findings used  Wing causes of Death?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YE		URRED (ENTER NATURE OF INJURY IN ITEM 18. P.	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE FARM ETC	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE		19	, 19, 19, ond that in (my) (our) apinin  DEGREE  ATTENDING PHYSICIAN	on death occurred on the date and hou	nond from the couses stated 22c, DATE SIGNED
730	22d. PHYSICIAN'S NAME (1998) BURIAL, CREMATION, REMOVAL	c PAUL	M.D.	120. ADDRESS	Hospot Bali	to Balpmi
	Burial	8/26/8		imore National	Baltimore, Ma	
24 F	Leonard J. Ruc	k. Inc.	Baltimore.	-	AUG 2 4 1983	RAR'S SIGNATURE

Leonard J. Ruck, Inc., Baltimore, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

And a commence of the commence the leaves executed below and events. We offer the

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYRIENE &

13

FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	REG. NO.	3 7 2	
1. DECEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	R
(TYPE OR PRINT) ELIZABETH	E.	DIFF	ENDERFER	08	27 83 2:25	AM
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2	
FEMALE	WHITE	MONTH O2			RS. MONTHS DAYS HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COL		MD
BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES		GEN. HOSP	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		SSOR
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU HD BA	INTY I3c. CITY OR	TIMORE	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	M ST. 1/2=	30
14 FATHER'S NAME Cloid	MIDDLE DEFFENDE	REFER	15. MOTHER'S MAIDEN NA	MIDDLE	WOLF	
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	SECURITY NO. 32583	Mr. Edgar 30	ADDRESS B	Baltimore, Md.  Villiam St. 21  APPROXIMATE INTER BETWEEN ONSET AND D	1230
DADT I DEATH MACC CALISI	DUE TO, OR AS A CONSI	RESPIRE EQUENCE OF COHOCUE	6 1. NID.	edung Uremia	4 days	
	conditions contributing	varcuel	orditeore	AINAL DISEASE OR CONDITION		
Arkroscle 190 DATE OF OPERATION 08/22/83 210. ACCIDENT WAS UNDERLYING	600 Secure	ous B	owel med		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \( \) NO \( \)	H?
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2}	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY ST	TATE
saw the deceased alive a	n 8 /27 nat) view the body after death.	00	nd that in (my) (aur) apinian	death accurred an the date and	, 19 <u>83</u> , that (I) (will display and fram the causes state	,
22b. SIGNAT ME	-600	MD	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED	
SUPFINCE	OR PRINT)		3001 S. H	was ST.	BALTO, MD.	9
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	Aug.39, 1983		EMETERY OR CREMATORY Hill Cemeter	y Waynesbor	o, Franklin 1	Pä.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, hand 2 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Bages, hand 2 shouth the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

injury, or other troumatic event, the

IMPORTANT: If them 21 is marked ar them 18 shows any

ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physicia

Waynesboro, Penna.

Lange Frances Frances

il and a sale and a sa The second secon ir. dimt Jometin 1106 atlian st. 21030 COLT WINE THE SECT AND THESE usial suggestery troop from the leatery termestoro, remidial as

A Secretary of the secr

BP\_\_\_\_\_ DHMH - 16 50M 4/82 (VRA 15, 4) FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20873

		REGISTRAR			CERTIF	FICATE OF DEATH	REG	, NO.		
		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEAT		DAY YEAR	26 HOUR
1	TITPE	OR PRINT)	EAL		DIC	GGS	AUGUST	07,	1983	07:15AM
П	3. SEX	(	4. RACE		5. DATE (		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
١	FEM	IAT.E	BLACI	K	9	14 14	68	YRS		
1		Ta. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTR				D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
1	MAR	YLAND	U.S.	.A.	WIDOW	_	BALTIM	ORE C	ITY	MD.
7	10. CITY OR TOWN OF DEATH  BALTIMORE  11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  THE JOHNS HO				ADDRESS)		120. USUAL OCCUP			OF BUSINESS OR
1	USUA 13a, S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU		, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS	X	1205
1		YLAND	,,,,,,	BALTII		YES NO		Jand	Avenue	
V	14. FA	THER'S NAME	MIDDLE	1457		15. MOTHER'S MAIDEN NA		22.04100	LAS	
1	1	ROBERT	Middle	WILLIAN	MS	IRENE	Middle		CHAMBE	
		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS	ATENONE	*** 0.00
		(14 YES, GIVE WAR OR DATES)				MARJORIE McD	ONALD 2118	Ash	and Ave	, Md.2120
		18. CAUSE OF DEATH (Enter of	anly ane cause pe	r line fay (a), (b), an	d (ci-i)		/ 1	1	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
1		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Metastatic aveno carcinema of meast								ME
		1749 DUE TO, OR AS A CONSEQUENCE OF								
	Canditions, if ony, which (b)									
		gave rise to immediate cause (a), stating the		2.45.4.60.4550.45	NICE OF					
	-	underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF				The state of	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G							GIVEN IN PART 10	a'
	No.		none							
1	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDIN	
	F	none					YES NOT YES T			NO X
1	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2)	A
7		OR CONTRIBUTING CAUSE OF D	EAIN	.M. MONTH DA	AY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	C140 C	OR TOWN	COUNTY	STATE
1	W	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY	JK TOWN	CODIVIT	SINIE
9		220.1 certify that (1) (this has	pital) attended t	he deceased fram_	70	14 3 19 83	ta Aug	7	. 19.83	that (1) (we) last
A CONTRACTOR		saw the deceased alive o	Aug	19_	0. 28	na that in (my) (aur) opinion	death accurred on	e date and l	hour and from the	causes stated
	-	above (Viw) (did) (did): 215 SIGN ATURE	of very be both	TITT I		DEGREE			22c. DATE	SIGNED
		( Strange	N. A	Vill it	1	ATTENDING PHYSICIAN	MEDICAL S	STAFF	9.7	2,83
		170-PHYSICIANS PLAME (TYPE	OR PRINT)	ACT M	<i></i>	22e. ADDRESS	DIRECTOR	John	10	
		GREGORY F.	Me A. I	Na M.	0.	Johns that	Cins Hospi	tal		
_	730 0	SURIAL, CREWATION, REMOVA	L 23b. DATE	122 N	JAME OF	CEMETERY OR CREMATORY	23d. LOCATION			<del></del>
		BURIAL	8-11-				CITY OR TOW		COUNTY	STATE
						MORE NATIONAL	TERECID BY REGISTI	1 timor		and a
		TT.PAN DEFECT	nnapolis	Md 214	01	ALIC	TE REC'D. BY REGISTI	-2-lea	1	

Mary - 7 0 2 19					h
	1.8				
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Zear - Search Search				T BÜREAR	
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	A MANAGEMENT AND A	ENGL LANGE	) h_   h h _	CATTLEY .	
	BUA			الماعتقاب المعتقدة	

executed within 24

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishards be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be first within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, ar ather traumatic event, the

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 0 3

Н	REGISTRAR	CERTIFICATE OF DEATH			REG. NO.				
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
	Mary	М	DiMagg		August 23, 19		7:600		
9	3. SEX	4. RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
	Female	White	Novemb	er 15, 1895		RS.	,,,,,,		
9	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
	Italy	U.S.A.	WIDOWED	DIVORCED _	Baltimore City				
-	10 CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 5315 Hamlet 2	et address) Ave	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Housewife		OF BUSINESS OR		
-	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN Maryland		ore 13d.	S 🕱 NO 🗌	130 STREET ADDRESS 5315 Hamlet A	ve 21214	1		
0	14 FATHER'S NAME FIRST Vincent	MIDDLE LAST Fasane		Lucy	S WIDDIE .	? LAS	.T		
	160 WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17	NFORMANT	ADDRESS				
	No	212-74-	-9778	Mrs Lillian	Krasnansky	Same	As 13e		
		DUE TO, OR AS A CONSEO (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF	RELATED TO THE TERMI	nal disease or condition	GIVEN IN PART 110	o'		
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO				
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		318		
	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE		
	220.1 certify that (1) (this haspi saw the deceased alive as above (1) (wh) (did) (did to	V. Vinta	DEGI	REE ATTENDING 1	MEDICAL STAFF DIRECTOR PHYSICIAN		that (I) (w) lost couses stated SIGNED		
	Donald V	W Mintzer W.).		3009 Everg		imore, Ma	aryland		
	23a. BURIAL, CREMATION, REMOVAL (SPE <b>BUrial</b>	23b. DATE 8/26/83		ery or crematory Redeemer	23d LOCATION CITY OF TOWN Baltimore,	Maryland	STATE		
	24. FUNERAL DIRECTOR NAME Leonard J Ruc	ADDRESS k Inc. Baltimor	e, Maryla	A110	REC'D. BY REGISTRAR 251 PE	GISTRAR'S SIGNAT	Well		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

# STATE OF MARYLAND

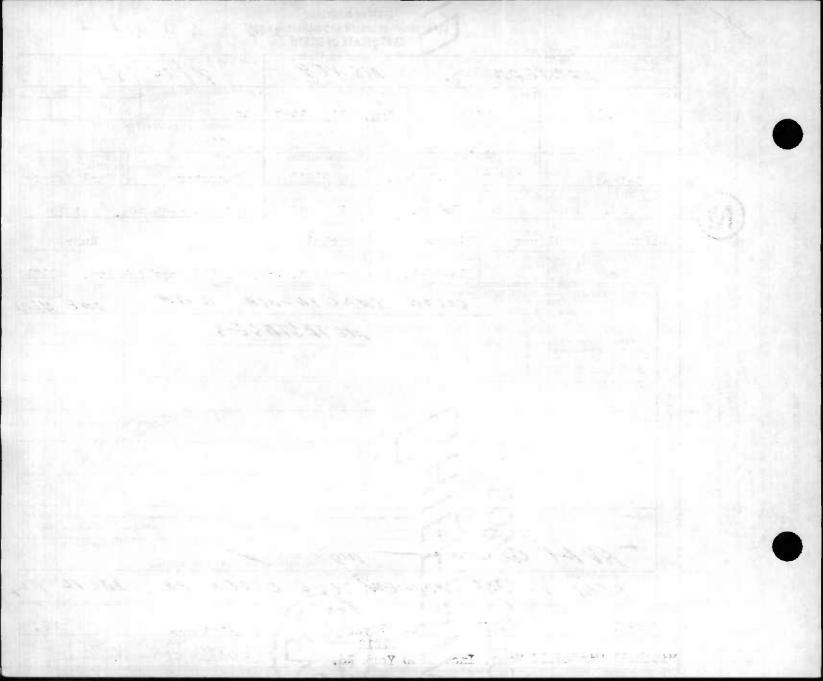
		CEASED NAME OR PRINT)	FIRST PSEAN	B.	1	Disney	2a DATE OF DEATH	14/83	26 HOU
	3. SE		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		
		Female	T.	hite	Jan		36	YRS.	HOURS
		THPLACE (STATE OR FOR		OF WHAT COUNTRY?	0		9 BALTIMORE CITY O		
35		OUNTRY) Md.	U.S		WIDOWE	D NEVER MARRIED X	City		
1	10 CI	TY OR TOWN OF DEATH	1 11. NAME	OF HOSPITAL, NURSING	HOME		12a USUAL OCCUPATION		OF BUSINE
20		Balto.		Rosebank Av		21212	Secretar		1 Est
		L RESIDENCE (IF NURSING	HOME OF OTHER INSTITUT	ION, GIVE RESIDENCE BEFORE AL		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
10	130. 3	Md.	<b>10.</b> COUNTY	Balto.		YES X NO	446 Roseb	anle Arro	21212
2	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	AE		
N	A	lfred	Oliver	Disney		Ethel	WIDDLE		uby
-		AS DECEASED EVER IN			ITY NO	17 INFORMANT	ADDRE		aby
	()		IF YES, GIVE WAR OR DATE		1107	Ronald A. Di	snev. 446 R	osebank Ave	. 2
		IR CAUSE OF BEATH	Enter poly poe source	per line far (a), (b), and	(0)				XIMATE INTER
		PART I. DEATH WAS	S CAUSED BY:	COLON	6	MACINON	14 1017		15 E
		underlying cause  PART 2 OTHER SIGNIF	last. (c)	OR AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
	ATION	19a DATE OF OPERATIO	DN 1196 CO	NDITION FOR WHICH O	PERATIC	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	
	C)							IN CERTIFYING CAUSE	INGS USED
9	Ē	IN DATE OF OFERANCE					VEC CO NOCO		S OF DEAT
9	ERTIFIC		TYING TO 21h TIM	E OF IN HIRY		121/ HOW IN HIRY OCCUPS	YES NO	YES 🗌	S OF DEAT
9	CAL CERTIFICATION	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR	E OF INJURY  A.M. MONTH DAY  P.M.	Y YEAR	21c. HOW INJURY OCCURP		YES 🗌	S OF DEAT
99	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDER	USE OF DEATH LEXAMINER)  21e PLA (AT HOM	A.M. MONTH DAY	19	21c. HOW INJURY OCCURR		YES T	S OF DEAT
99		218. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL) 21d INJURY OCCURRES WHILE NOT WHILE AT WORK	USE OF DEATH LEXAMINER)  21e PLA (AT HOM	A.M. MONTH DAY P.M. CE OF INJURY	19 RM, ETC )	211, LOCATION	ED (ENTER NATURE OF INJUI	YES TO THE TEM IS PART LOR PART 2	S OF DEAT
99		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURREI WHIE NOT WHIE AT WORK ANORK 22a   certify that (1) (1)	USE OF DEATH (EXAMINER)  D 21e PLA (AT HOM  his hospitol) attended	A.M. MONTH DAY P.M. CE OF INJURY E, STREET, FACTORY, OFFICE, FAR  I the deceased from	19 RM, ETC )	211. LOCATION STREET	ED (ENTER NATURE OF INJUIL CITY OR TO	YES TY IN ITEM 18 PART 1 OR PART 2	S OF DEAT
99		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURREI WHIE NOT WHIE AT WORK ANORK 22a   certify that (1) (1)	USE OF DEATH LEXAMINER)  D 21e PLA (AT HOM	A.M. MONTH DAY P.M. CE OF INJURY E, STREET, FACTORY, OFFICE, FAR  I the deceased from	19	211. LOCATION STREET	ED (ENTER NATURE OF INJUIL CITY OR TO	YES  IT IN ITEM 18 PART 1 OR PART 2)  WN COUNTY  19  te and haur and from th	S OF DEAT
5		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (1) saw the decead above, (1) (we) (did	USE OF DEATH (EXAMINER)  D 21e PLA (AT HOM  his hospitol) attended	A.M. MONTH DAY P.M. CE OF INJURY E, STREET, FACTORY, OFFICE, FAR  I the deceased from	19	211. LOCATION STREET  , 19 and that in (my) (aur) opinion of the company of the c	CITY OR TO	YES TO THE TENT OF PART 2 TO THE TENT OF PART 2 TO THE TENT OF PART 2 TO THE TENT OF THE T	S OF DEAT
99		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (1) saw the decead above, (1) (we) (did	USE OF DEATH LEXAMINER)  21e PLA (AT HOM  alive on () (did not) view the b	A.M. MONTH DAY P.M. CE OF INJURY E, STREET, FACTORY, OFFICE, FAR  I the deceased from	19 RM, ETC )	211. LOCATION SIREET  , 19  nd that in (my) (aur) opinion of the company of the c	CITY OR TO	YES TO THE TENT OF PART 2 TO THE TENT OF PART 2 TO THE TENT OF PART 2 TO THE TENT OF THE T	s, that (I) (vice couses sta

DHMH - 16 50M 4/82 (VRA 15, 4)

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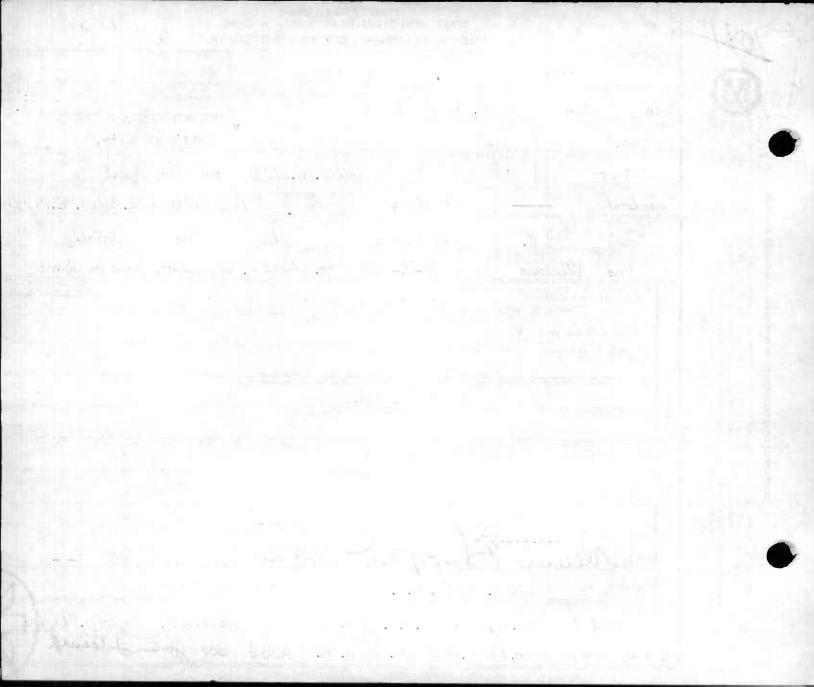
retained by the hospital ar attending physician.

Mitchell-Wiedefeld Home, Inc. 6500 York Rd.



DO 11	1	FOR		DEPARTMENT (		ND MENTAL HY		8 7 6	
4 1041		- STATE REGISTRAR	ME	EDICAL EXAM	INER'S CER	TIFICATE OF	DEATH REG.	NO.	
1 20		TYPE OR PRINT)		WIDDLE	ŁAST		28 DATE KNOWN OF ESTI-	MONTH DAY YEAR	2b. HOUR
		Will	iam	W.	Doffle	mver	DEATH MATED	□ 8 6 1983	
7 GA		SEX 4. RACE	5. DATE OF BIRTH	YEAR LAST BIL	N YEARS IF UNDER	1 YR. IF UNDER 24	HRS. 2c. DATE	MONTH DAY YEA	24 HOUR 3:12
	1	Male White	May 24,	1944 39	YRS.	DATS HOURS W	DEAD	8 6 1983	a
JECESS Y WITHIN	カト	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	LX	Y OR COUNTY OF DEATH	
関ラッキャ	: 4	Maryland	USA		WIDOWED		□ Baltimo		MD
>=0=8	KI	IO CITY OR TOWN OF DEATH	(IF NOT IN SUCH I	SPITAL, NURSING HO	SSI		FOR MOST OF WORKING LIFE)	OR INDUS	BUSINESS STRY
PE P	14	Baltimore USUAL RESIDENCE (IF IN NURSING HO		Light Stre	et Palte	o.Md.21230	Purchasing	Agent	
E, MD. 21201 ATH. IF ANY DELA S.1, 2, AND 3 TO 1 PM. 3, RETAIN PA ND 2, SHOULD BE F ND 2, SHOULD BE F	3	Manyland 136. CC		130 CITY OR TOW Baltimon		INCIDECITY LIMITS? 13	street address 1442 William	St. Balto. Md	.21230
MD.	2/1	14. FATHER'S NAME	MIDDLE	LAST	15. 4	MOTHER'S MAIDEN	NAME	LAST	
DEATH DEATH GES 1, AND 2 OF VIEW	14	Jacob	M.	Dofflemy		Ella	Mae	McNally McNally	
ST., BALTIMORE, A HOURS AFTER DEATH OURS AFTER PEATH OUR PAGES 1 G WITH FORM PM MIT PAGES 1 AND MIT PAGES 1 AN	3 /	(YES, NO, OR UNKNOWN) (IF, YES,	ARMED FORCES?  GIVE WAR OR DATES)	166. SOCIAL SECU		NFORMANT	ADDRE		
ALT SAF GIVE PAGIVE		(YES, NO. OR UNKNOWN) (IF.YES, O'Vie	tnam	215-44-	0976 M	r.Robert W	.Dofflemyer,	Same as about	
ST., E	5	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED DV					APPROXIMA BETWEEN ON	ATE INTERVAL
ON SI	AL		DIATE CAUSE (0)A			rdiovascu	lar Disease		
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WITH NCIL	X X	gave rise to immedi couse (a) stating the und	ote (b)	R AS A CONSEQUEN	CF OF				
L RECORDS, 201 W. PRESTON ST. ULD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18 FF MEDICAL EXAMINER ALONG" FED AS A BURAL—TRENSIT PERMITHALLY AND MENTAL HOSTENER.	Z, Z	lying cause last.		K AS A CONSEQUEN	CEOF				
PS. 3	ATIO	PART 2 OTNER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE OR C	ONOITION GIVEN IN PART I	(n)		
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F VITAL RE TE SHOULD WORD "PE TE CHIEF A D BE USED.	1 2	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS						YES 🗆	NO 🔯
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R: Ti VTE, DRW R: P.		22a I certify that I took of		escribed above, held o	n Autopsy	, Inspection	Inquiry .	and in my apinian	
AINER: FICATE CTOR:	MARYLAND,		atural causes XXV	Accident .	Suicide .		Undetermined manner	],	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ARY	60-	1 34	1. 0014	- Luc	TITLE (SPECIFY)			
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DICE TO SEA	30	EXAMINER'S NAME	annia E C	muth MD		111	Penn Street		
TO MEDICAL EXAMENS TO PAGE 4 SHOULD FOUNERLY DIRE		(TYPE OR PRINT)	ennis F. S			KESS			
52 Z Z Z Z	( 20)	23a. BURIAL, CREMATION, REMOVA			CEMETERY OR CR	REMATORY	Shenandoah,	O COUNTY	STATE
BP	_	Burial 24 FUNERAL DIRECTOR	Aug. 10, 19	03 6.1.1	emezen			Page (o. Vin	giria
DHMH - 1	7	McCully Funeral	Home 1300 PE	Font Ave	Balto M	L. AUG 9	81.8	awily	
(VR A15 ME	(5))	the wife I will the	Home, To	or orde river	Lucio Mil	~ 7000	1000		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other troumatic event, the medical

IMPORTANT: If them 21 is morked or them 18 shows any in

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ospital or attending physician.

#### FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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REG	ISTRAR			CERTII	ICATE OF DEATH		REG. NO	).		
1. DECEASI		0	MIDDLE		LAST	20. D/		MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRI	Dani	e1	T.	D	onlan .		August	1, 1	983	2:55P <sub>M</sub>
3. SEX		4. RACE		5. DATE	OF BIRTH	6. AG	E (IN YEARS LAST BIRT	HDAY]	IF UNDER 1 YEAR	
M	ale.	Whit	e	08	06 YEAR	3	-	9 YRS.	MONTHS DAYS	HOURS MIN.
7a. BIRTHPL	ACE (STATE OR FOREIGN		WHAT COUNTRY?			I PAI	TIMORE CITY O		Y OF DEATH	
Mars	vland	U.S.	Α	WIDOW	DE DIVORCED		Baltimo	re C	ity	MD.
	TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a U	SUAL OCCUPATION			OF BUSINESS OR
400	timore	E .	•		Hospital	Ov	ner - As	st.		employed
130. STATE	SIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION	13c. CITY OR TOW		1134. INSIDE CITY LIMITS		ISINESSES			
Mar	yland Ho	ward	Ellicott	City			56 Rolli	ng R	idge Co	urt, 21043
14 FATHER	'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		1.45	61
L	ullus	I.	Donlar	a	Caroli	ine	7110022		Roh	rbach
		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	55 E11		ity, Md.
1	OR UNKNOWN] (IF YES, G	TT	217-18-0	1993	Barbara A.	Don1a	n 8456 F			
	AUSE OF DEATH (Enter of	inly one course ne								IMATE INTERVAL ONSET AND DEATH
P	ART I. DEATH WAS CAUS	ED BY:	Carcino	oma o	f the Esopha	agus			DETAME	DINGET AND DEATH
	1507 IMMEDIA	TE CAUSE (0)					-			
1		DUE TO, O	R AS A CONSEQUE	NCE OF						
	ditions, if ony, which	(b)_								
COU	se (a), stating the	DUE TO, O	R AS A CONSEQUE	NCEOF					- T	
Und	lerlying couse lost.	(c)					T			
	T 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	ERMINALD	ISEASE OR COND	ITION G	IVEN IN PART 1	0
CERTIFICATION 190 C										
S 190 C	ATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		ES, WERE FINDI	
HE L						YES	S NOK	Y	ES 🗌	NO 🗆
B 210.	ACCIDENT WAS UNDERLYING			Y YEAR	21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
A ORC	ONTRIBUTING CAUSE OF D	PAIN	.M.	19						
WEDICAL 21d.	INJURY OCCURRED		OF INJURY		21f. LOCATION		CITY OR TO	MA	COUNTY	STATE
X WHI		(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM ETC )	SIRECI		CITTORIO		600411	STATE
	certify that X (this has	oital) attended th	ne deceased from	Jul	v 27	83 to	August		19 83	thotXI) (we) lost
	sow, the deceased alive a				nd that in (Ky) (our) opini	nion death a				
22h	above, <b>X</b> () (we) (did).(d <b>28.2</b>	ot) view the body	ofter death.		DEGREE				22c. DATE	
	All lan	11/1	A come	,,	ATTENDING		CICAL STAF			
100	HYSICIAN'S NAME CITY	carples /	br. weu	3.	PHYSICIAN 220 ADDRESS	N   DIRE	CTOR   PHYSIC	IAN	1 8/1	/83
11/	STIME A	1 00	T		194					
	es may	inneu	Jr.				d General	. Hos	pital	
230. BURIA	L, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF	EMETERY OR CREMATOR	RY 23d	LOCATION CITY OF TOWN		COUNTY	STATE
	mbment	08-0	5-83	Lou	don Park	1	Baltimore	Cit	y M	laryland
24 CLINICO	AL DIRECTOR			0.1	000 125-1	DATE DECT	BY DECISTRAD	CH DECI	TRADESIGNA	minc 9 U

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AUG 3 1983 John

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by the funeral director, page 3
 filed within 72 hours ofter death

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# STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEI	CERTIFICATE OF DEATH  REG. NO.					
		CEASED NAME FIRST Baby	Female	D	brsly			ZEAR ZE HOUR	
	3. SE	7 FeMALE	Black	5. DATE C	F BIRTH J	6. AGE (IN YEARS LAST BIRT	YRS. O	O / O	
E		RTHPLACE (STATE OR FOREIGN COUNTRY) Balto City	75. CITIZEN OF WHAT COUL	MARRIE! WIDOWE	D DIVORCED	Dall	o City	MD.	
3		Palto	South Bu	Lo Grew	HOSP	120. USUAL OCCUPATIO		IND OF BUSINESS OR JSTRY N/A	
1	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 136. CITY O		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		00000	
9		ATHER'S NAME ROSEV	MIDDLE CAT	ter	15. MOTHER'S MAIDEN N	MIDDLE	j	Dorsey	
1		VAS DECE SED EVER IN U.S. AR YES, NOICH UNIGNOWN) (IF YES GI	MED FORCES?   16b. SOCIA	N/A	17. INFORMANT	ADDRE			
	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	tation	APPROXIMATE INTERVAL TWEEN ONSEL AND DEATH  / / / / / / / / / / / / / / / / / / /					
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE AT WORK 220.1 certify that (I) (this hasp saw the deceased alive on obove, (I) (walldid) (did no 22b. SIGNATURE	HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 6  ital) attended the deceased  ity view the body after death.	19 DEFICE, FARM, ETC.) from 8/11	211. LOCATION STREET	CITY OR TOV  CITY OR TOV  A point occurred on the do  MEDICAL STAF  DIRECTOR   PHYSIC	19 8 te and hour and from	STATE	
9	22- 0	Patrici	a Frye	122. NAME OF ST	S.B.G.H.	1224 105 17 101			
	230. 8	SPECIFY) REMOVAL  REMOVAL	8/18/83	230 NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and call should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal. IMPORTANT: If Hem 21 is morked ar Hem 18 shaws ony injury, ar other traumotic event, the m

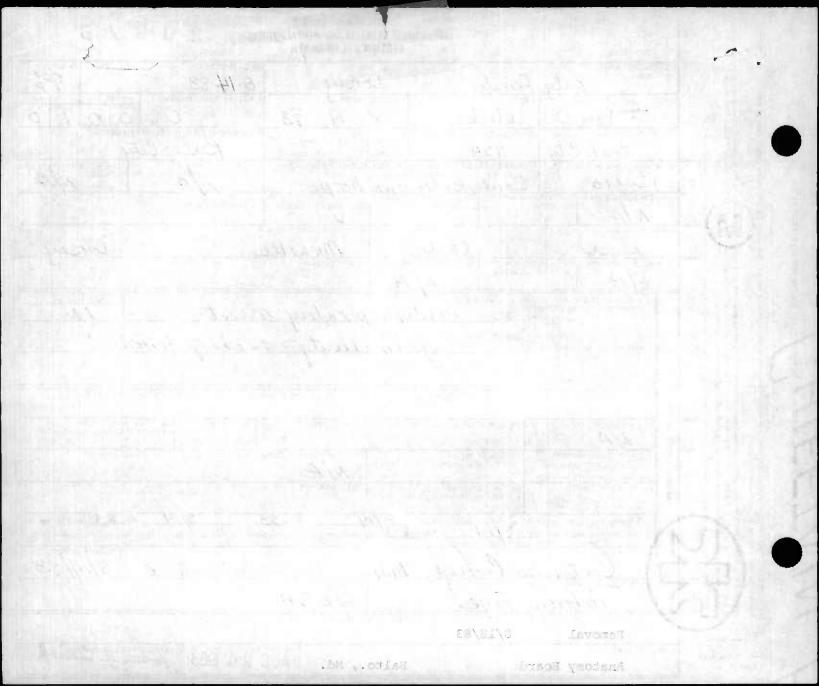
TO HOSPITAL OR ATTENDING PHYSICIAN: The law

Anatomy Board

24. FUNERAL DIRECTOR

ADDRESS Balto., Md.

AUG 2 4 1983 John Strait



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be assigned by the house of the control of the control

retained by the hospital or attending physician

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DHMH - 16 50M 1/81 (VRA 15, 4)

## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGINE

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	_				REG. N	10.	
		CEASED NAME FIRST	MIDDLE	RESEY R.	20. DATE OF DEATH	18 83	26. HOUR
1: 4	3. SE	MA/e		E OF BIRTH DAY 7 1917	6. AGE (INYEARS LAST BI	RIHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
35.	70. BI	RTHPLACE (STATE (STATE)	IA S M	RIED NEVER MARRIED WED DIVORCED	BALTO C	OR COUNTY OF DEATH	
notified	10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCHEACULTY, GIVE STREET ADDRESS)	P	Retire	12b. KIND INDUSTRY	OF BUSINESS
1	130.5	D, BALTO 136. COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IS CONTY BALTO	138. INSIDECITY LIMITS?	13e. STREET ADDRESS	OCKROSE 1	112 13 1VE
PH V		JOHN	DORSELY SK	15. MOTHER'S MAIDEN NA.	NO MIDDLE	Pretty	nan
e medico	16a V	VAS DECEASED EVER IN U.S. AR (ES NO PRINKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECURITY NO SE WAR OR DATES) 218 10-6205	Mrs. MARY	K. Do Rsee	2804 Rock	217
÷ o	100	7777	DUE TO, OR AS A CONSEQUENCE O				
ry, ar other traum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE O  (b)  DUE TO, OR AS A CONSEQUENCE O  (c)  CONDITIONS CONTRIBUTING TO DEATH B	F	INAL DISEASE OR CON	IDITION GIVEN IN PART 1	la·
ows any injury, ar other traum	IIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE O	F BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE:	NGS USED S OF DEATH?
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IMPORTANT:

24. FUNERAL

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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR SY REGISTRARS

- STATE REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 5. DATE OF BIRTH MONTH 01 01 CAUC. 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTEX! WIDOWED DIVORCED MD. 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTIMUR OF HOME MAKES USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1804 Weyburn NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST ERNEST PHILLIPS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 22-8166 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O oronawy Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE Q underlying cause last, oronoro THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? -8 oronovi seafe NOF YES [ NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY/ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M 21f. LOCATION 21d INJURY OCCURRED 21a. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from OB sow the deceased alive on\_ 8 , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deat 22h SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSCIAN'S NAME TYPE OR PRINT 22a. ADDRESS JACO, 23g BURIAL CHEMATION PEMOVAL GARDENS OF 23b. DATE 1983 ROSEDALE

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DHMH - 16 50M 4/82 (VRA 15, 4)

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executed within 24 hours of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the haspital ar ottending physicion.

# STATE OF MARYLAND

	- STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	
ı	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	(TYPE OR PRINT)	a UMI	Dow	8	16 83 1215PM
	3. SEX 4	RACE B	5. DATE OF BIRTH  MONTH  DAY  YEAR  3	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
		CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
4	SUMMINGATON S.C	" USA	WIDOWED DOORCED	ō Bo	alto Ceta MD.
		LIF NOT IN SUCH EACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING (IFE) 1.26. KIND O BUSINESS OR
-	USUAL RESIDENCE (IF NURSING HOME OR OT			ummerin	ack-low 2
	130. STATE N31 COUNT		O YES NO	S-53 N C	xrey St -2/223
1	1	DDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
4	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU	1 100	ADDRESS	Lavery
		WAR OR DATES) 214-58	- 6342 Juliu	is Dow-	523 W. Carey
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), one	1 - 0	15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE	CAUSE (0) // / / / / / / / / / / / / / / / / /	prolial Infarc	tion	immediate_
	11/9	DUE TO, OR AS A CONSEQUE	1 .		24 6000
	Conditions, if ony, which gave rise to immediate	(p) 4460	tension		at 1005
1	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF		45 hours
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)
1		1	0 . 0	mmundupo	•
à	19a DATE OF OPERATION 0 7/26/83 21a, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	20a AUTOPSY? 20b	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	7/26/83	Choleeus	tilis	YES NO	YES NO
		216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	<u> </u>	7/71	cz c1//	19 85 that if (we last
	270. Lecrtify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did ) (did nat)	8/16 19	5, and that in (my (our) poi	nion death accurred on the date a	nd hour and fram the causes stated
	226 SIGNATURE	·mr	DEGREE ATTENDIN	IG MEDICAL STAFF	224. DATE SIGNED
	Valoru Deu	g 1/1	PHYSICIA	N DIRECTOR PHYSICIAN	\$ 816155
	224 PHYSICIAN'S NAME (TYPE OR	ovai's	27e ADDRESS	Greene St. 1	Ralte
	230 BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
	Burial	8-22-83 1	nt, auburn	1 Baltim	ne, ma,
	24 FUNERAL DIRECTOR	7 8 1 1 1 1	25 m.	DATE REC'D. BY REGISTRAR 256.	REGISTIVAR'S SIGNATURE
	1011 10 mp. 0	V4 1) 71/W		AUG 1 9 1080	alun & Carrell

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar them 18 shows ony injury, or other troumatic event, the medical exam

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FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTI	ICAIL OI L	F-4-010	REG. NO	Э.		
	CEASED NAME FIRST	WIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1179	HAZEL	E.	DO	OWNS			08	11 83	4:10
3. SE	X	4. RACE	5. DATE C		4510	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
	Female	White	MONTH 1	23	*£26	57	YRS		3 HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIE	D NEVER /	AARRIED 🗆	BALTIMORE CITY O	R COUNT	OF DEATH	
	ssissippi	U.S.A.	WIDOWE		VORCED [				MD.
	BALTIMORE	1). NAME OF HOSPITA (IF NOT IN SUCH FACILITY, THE JOHN)				12a. USUAL OCCUPATION (14PE OF WORK FOR MOST OF BOOKKEEPER)	FWORKING	LIFE) INDUSTR	of BUSINESS OR Unting
13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU <b>ryland</b>	NTY 13c. CIT		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 6217 Gils	ton	Park Ro	ad
14. F.	ATHER'S NAME FIRST William	Nathan	LAST Henderson		MAIDEN NAMERST	MIDDLE		Pi	lgrim
	WAS DECEASED EVER IN U.S. A	VE WAR OR DATEST	CIAL SECURITY NO.	17. INFORMA					Park Road
	(IF TES, O	425	-24-9901	Mrs. J	ohn Ber	nnett Ba	ltimo	ore, Mar	yland
	18 CAUSE OF DEATH (Enter o	nly one cause per line for	o), (b), and (c), 1					BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (o) CA	201AZ A	HRRES	T			0.	5 MINS
	2848 Canditions, if ony, which	DUE TO, OR AS, A C	POTENS!	020				2	OMINS
	gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF	NIA	1327			1	MONTH
Z	PART 2. OTHER SIGNIFICANT		TING TO DEATH BUT	NOT RELATED	TO THE TERM!	NAL DISEASE OR CON	DITION G	IVEN IN PART	110
ATIC	19a. DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINE	
CERTIFICATION				V.0	11/1	YES NO		TIFY ING CAUS	ES OF DEATH?
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MC		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2	)
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		211. LOCATION STREET	ON	CITY OR TO	WN	COUNTY	STATE
	22a.l certify that (1) this hosp saw the decepted alive a obove, (1) (well did) (did n	AUGULT II	19 5301	24 nd that in @	, 19 <u>83</u> (Cur) opinion d	, to NEUST leath occurred on the do	ote and ha		, that (1) (we) ast he causes stated
	22b. SIGNATUM	HM				MEDICAL STAI DIRECTOR PHYSIC		22c. DA	TE SIGNED
	22d. PHOMPAN NAME (TYPE	VOAFFE		22e ADDRES	JOHN	os Horkins	Ho	SPIN	2
	BURIAL, CREMATION, REMOVA	23b. DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE
	(SPECIFY) Rumial	8-17-83	Warman	home Ce		Warmanha		TITOUNIT	MA A 4

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then preserve with the Store Dept. of Health and Mental Hygiene prior to burial, any MPORTANT: If them 21 is marked of "Nem 18 shows any injury, or other properties."

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

24 FUNERAL DIRECTOR
Marzullo Funeral Service

Reisterstown, Md.

250. DATE REC'D. BY REGISTRAR 256 AUG 1 5 1983

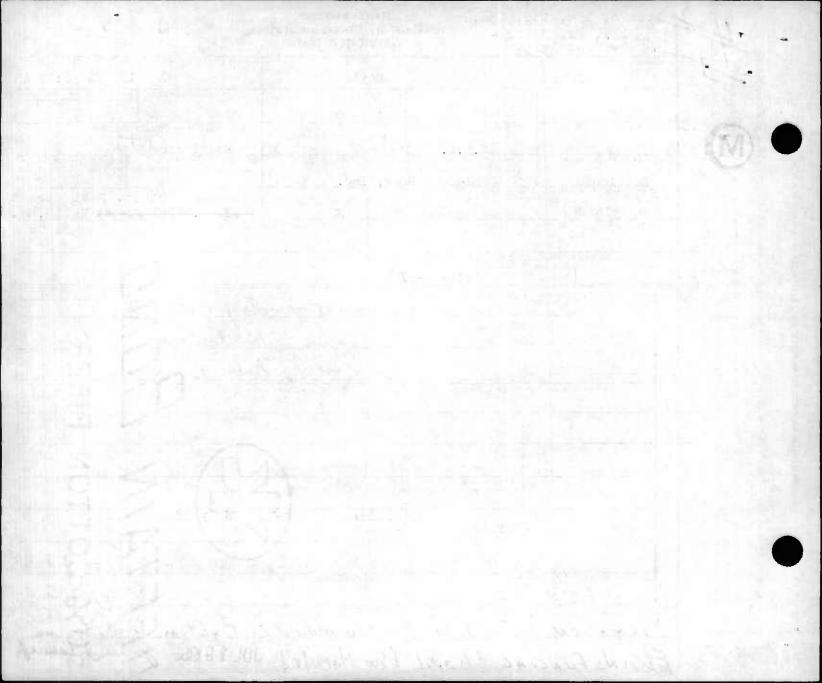
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	1)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hairs after the facility of an executed within 24 hairs after the facility of or ottending physician.
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	10SPITAL OR ATTENDING PHYSICIAN: The ned by the hospital or attending physician.
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2		I DE	REGISTRAR 8/26/83	MIDDLE	CERTIFICATE OF DEATH	REG. NO	
20			OR PRINT)  John	MIDDLE	Doyle	26 DATE OF DEATH	07 18 83 3:30
900		1. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
100	h		Male	White	MONTH DAY YEAR	82	YRS MONTHS DAYS HOURS
X	7	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MAPRIED NEVERMARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
AI Y	1	10 C	ITY OR TOWN OF DEATH	U.S.A.	RSING HOME OR OTHER INSTITUTION	Baltimo	
G	10	10. C		(IE NOT IN SUCH EACILITY, GIVES	TREET ADDRESS)	(TYPE OF WORK FOR MOST O	F WORKING LINE INDUSTRY
5 /	750	USU.	Baltimore AL RESIDENCE (IF NURSING HOME	Midtown OR OTHER INSTITUTION GIVE RESIDENCE B JNTY U32 CITY OR	EFORE ADM(SSION)		808 ct David ct
	50	130 3	Maryland 136 col	I OK	imore YES M NO		808 St. Paul St. 7th Street Balto.
2 st	77	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	27.20
and	116	1	FIRST	MIDDLE	FIRST	MIDDLE	LAST ELEC
move			Conditions, if ony, which gove rise to immediate	(b)	Corquer as	flydisco	A l
thos been signed by the permit. Then please reliene prior to buriol, cremine pows one viniury or other	9	TIFICATION	couse (0), stoting the underlying couse lost		TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO	DITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
Then pled r to buriol	9	. CERTIFICATION	couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING  196 CONDITION FOR WE  216. TIME OF INJURY	TO DEATH BUT NOT RELATED TO THE TERM  TICH OPERATION WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
certificate has been signed uniol-tronsit permit. Then pled tental Hygiene prior to buriol tem 18 shows one interview or	99		COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED  (IF ETHER, NOTIFY MEDICAL EXAMIN	CONDITIONS CONTRIBUTING  196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH 198. P.M.	TO DEATH BUT NOT RELATED TO THE TERM  TICH OPERATION WAS PERFORMED  DAY YEAR  19	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
te hos been signed isit permit. Then plec giene prior to burio shows ony injury or	99	MEDICAL CERTIFICATION	COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE)  210. INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS CONTRIBUTING  196 CONDITION FOR WH  216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM  HICH OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUR  19	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
his certificate has been signed burial-transit permit. Then pled Mental Hygiene prior to burial or Item 18 shows any injury or	99		COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED (IF EITHER, NOTIFY MEDICAL EXAMIN TO ALL WORK NOT WHILE AT WORK  220. I certify that (I) (this has	196 CONDITIONS CONTRIBUTING  196 CONDITION FOR WH  197 CONDITION FOR WH  198 CONDITION F	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET  DOM MAY 1 , 19	200 AUTOPSY?  YES NO CENTER NATURE OF INJURE  CITY OR TO:  , to JULY 18	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12 NO 12 NO 12 NO 14 NO 15
us certificate has been signed burial-transit permit. Then pled ! Mental Hygiene prior to burial or Item 18 shows any injury or	99		COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED (IF ETHER, NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTING AT WORK  270. I certify that (I) (this has saw the deceased olive above, (I) (we) (did) [did]	196 CONDITIONS CONTRIBUTING  196 CONDITION FOR WH  197 CONDITION FOR WH  198 CONDITION F	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 211. HOW INJURY OCCUR 19 211. LOCATION STREET  DOM MAY 11, 19 33 9 83. ond that in (my) (our) opinion	200 AUTOPSY?  YES NO CENTER NATURE OF INJURE  CITY OR TO:  , to JULY 18	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
buriol-tronsit permit. Then pled buriol-tronsit permit. Then pled Mental Hygiene prior to buriol or Item 18 shows any injury or	99		COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this has sow the deceased alive or sow the deceased alive or sow the deceased olive or sow the	CONDITIONS CONTRIBUTING  196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFF	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET  DOM MAY 1 , 19	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12
his certificate has been signed burial-transit permit. Then pled Mental Hygiene prior to burial or Item 18 shows any injury or	99		COUSE 101, stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED (IF ETHER, NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTING AT WORK  270. I certify that (I) (this has saw the deceased olive above, (I) (we) (did) [did]	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME. STREET, EACTORY, OFI	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUR 19 216 LOCATION STREET  DIM 19 30 19 30 19 30 19 40 19 40 19 40 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 19 41 41 41 41 41 41 41 41 41 41 41 41 41	200 AUTOPSY?  YES NO CITY OR TOU  CITY OR TOU  death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12



FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	WIDDLE	LAST		NTH DAY YEAR 26. HOUR			
(TYPE	OR PRINT)	Weston DF	<b>EW</b>	AL	6 5 83 1105PM			
3. SE.	x	4. RACE 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD				
N	lale	White De	70 1000	83	MONTHS DAYS HOURS MIN.			
M. B	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR	OUNTY OF DEATH			
1	MA	WSH. WIDOW	DIVORCED [	BALTIMORE C	MD.			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION				
- 2	ALTIMORE CITY/	THE UNION MEMORIAL		Ret	Civil Service			
130.	AL RESIDENCE (IF NURSING HOME OF STATE  ATHER'S NAME FIRST	ACCITY OR TOWN  ACCITY OR TOWN  Hunapolis  MIDDLE  LAST	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NAM	MIDDLE	no Donough			
16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	1632 Ingrambhoad			
-	Tes Wi	J. I 214-05-1484	Elizabeth	D. Lauder	rdale-Balto: MU			
		nly one couse per line for (o), (b), and (c).)			SE WA TO SERVAL			
	PART I. DEATH WAS CAUSE	TE CAUSE (a) RESPIRATOR	THA LENZ		1 Hein			
	4960	TE CHOSE (G)						
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF			20 years			
	gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF						
	cause (a), stating the underlying cause last.							
	DART 2 OTHER CICALIEIC AND	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101						
Z	CARCIA		THO RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110.			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 2	06. IF YES, WERE FINDINGS USED			
FIC.	The Drift Of Granning			0	N CERTIFYING CAUSES OF DEATH?			
RTI	A. ACCIDENT WAS INDERVISING F	THE OF BUILDY	121. HOW/INDUST OCCUPE	YES NO	YES NO			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	Tale time of injury hour a.m. month day year	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	(ITEM 18 PART I OR PART 2)			
CAI	(IF EITHER NOTIFY MEDICAL EXAMINE							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OTTICE, FARIN, ETC.)	No. of the last					
	22a.1 certify that (1) (this hosp	ital) ottended the deceased from 5 A	19 83	, to 5 ALC	19.53 , thorach (we) last			
	sow the deceased olive on	5 ALC 19 83	and that in <del>(my)</del> (our) opinion o	death accurred on the date	and hour and from the causes stated			
	22b. SIGNATURE A	or) view the body ofter death.	DEGREE		22c. DATE SIGNED			
	15	cn. W	ATTENDING _	MEDICAL STAFF				
	22d. PHYSICIAN'S NAME (TYPE	O POINT)	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAL				
	J. D. HILLS			RSITY PARKWA				
23a. E	BURIAL, CREMATION, REMOVAL	10 - 11 11	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	STAN			
1	Junial	Hug. 10.1983 Hill	crest		is H.A. MD			
24 F	UNERAL DIRECTOR	9	25a. DATI	E REC'D. BY REGISTRAR 25)	REGISTRAR'S SIGNATURE			

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the shauld be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar removal.

injury, ar other troumatic event,

IMPORTANT: If them 21 is morked or them 18 shows any

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or ottending physicion.

Funeral Chapel- Hinnapolis, MU

250. DATE REC'D. BY REGISTRAN 250. BEGI

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH YEAR 2b. HOUR I. DECEASED NAME FIRST DANIEL WILLIAM DRGOS LTYPE OR PRINT IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH 19 YRS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A MARYLAND WIDOWED DIVORCED BALTIMORE CITY 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ST. AGNES HOSPITAL - E.R. WESTINGHOUSE BALTIMORE MAINTENANCE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13a. STATE 136 COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE 2558 WILKENS AVENUE, 21223 MARYLAND YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST EIRST MIDDLE PAUL W. DRGOS MARY ROSINSKI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21122 (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1504 MARCO DR.; PASADENA. KES WW II 214-22-0289 PAUL DRGOS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO F NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 8/27/83 22e ADDRESS 224 PHYSICIAN'S NAME (TYPEORPRINT)

BP

FUNERAL DIRECTOR:

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ld b

DHMH - 16 50M 4/82

23a BURIAL CREMATION, REMOVAL 23b. DATE BURIAL 08-31-83 23c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

23d. LOCATION

BALTIMORE CITY

24. FUNERAL DIRECTOR

21229

250. DATE REC'D. BY REGISTRARIUS

(VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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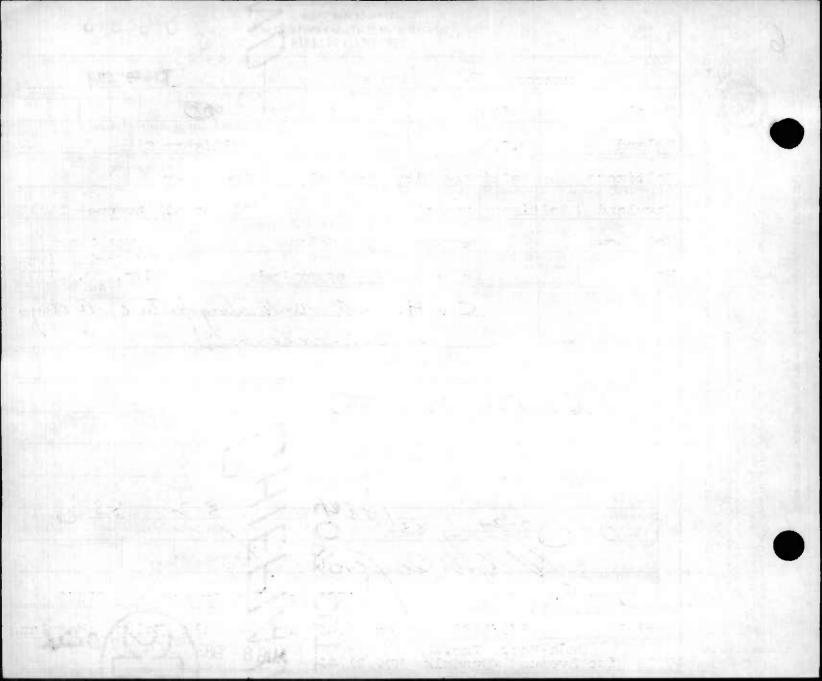
	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL BYG ICATE OF DEATH	REG. N	0 8 8 6	
I. DECE		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	25 HOUR
	Franc		Dud			8 3 / 83	٨
3. SEX		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	male	White	MONTH 3	9 1889	94	YRS.	
COL	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?   B   MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH	
	land	U.S.A.	WIDOWE		Baltimo:		M
Bal	or town of DEATH  ltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Baltimore	City Ho		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemak	OF WORKING LIFE) INDUSTRY	F BUSINESS OF
Mar Mar		rother institution give residently Ltimore Dun	ORTOWN	IM INSIDE CITY LIMITS?  YES NO X		alk Avenue	2122
	t Known	Wegr	zyn	Helen	WEIGH	Not Kr	
	AS DECEASED EVER IN U.S. AR	NE WAS DE DATEST	AL SECURITY NO.	17 INFORMANT		1704 Park	Drive
No		215-	48-0224	Chester Du	da	Balto., MD.	2122
	cause (o), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF				
1	underlying cours last	1 10	No to DEATH BUS	NOTHELATED TO THE TERM	28s AUTOPSY?	201. IF YES, WERE FINDIN IN CERTIFYING CAUSES	G5 USED OF DEATH?
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	No to DEATH BUS	N WAS PERFORMED	28s AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	GS USED
CERTIFICATION	PART 7: OTHER SIGNIFICANT  No. DATE OF OPERATION  The ACCOUNT WAS UNDERLYING TO BE CONTRIBUTED TO BE CONTRIBUTED.	CONDITIONS CONTRIBUTE  198. CONDITION FOR	NG TO DEATH BUS WHICH OPERATIO WHICH DAY YEAR	tus	28s AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	G5 USED OF DEATH?
CERTIFICATION	PART 2. OTHER SIGNIFICANT  ALL DATE OF OPERATION  THE ACCOUNT WAS UNDERLYING	CONDITIONS CONTRIBUTE  198. CONDITION FOR	NG TO DEATH BUT WHICH OPERATIO WHICH DAY YEAR 19	N WAS PERFORMED  111. HOW INJURY OCCURS	26s AUTOPSY?  YES NO RED (ENTERNATURE OF HULL)	201. IF YES, WERE FINDING CAUSES YES  101 OF HEM 18 CART ( OF FART 2)	GS USED OF DEATH? NO
REDICAL CERTIFICATION	PART 7: OTHER SIGNIES ANT  PART 7: OTHER SIGNIES	CONDITIONS CONTRIBUTE  198. CONDITION FOR  198. CONDITION FOR  198. CONDITION FOR  198. CONDITION FOR  199. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED  21r. HOW INJURY OCCURE	28s AUTOPSY?	201. IF YES, WERE FINDING CAUSES YES  101 OF HEM 18. PART 1 OF PART 2)	G5 USED OF DEATH?
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MEDICAL CERTIFICATION	PART 7: OTHER SIGNIEICANT  THE DATE OF OPERATION  THE ACCOUNT WAS UNDERSTORD  THE STORM WAS UNDERSTORD  THE STORM WORLD ALEXAMINE  THE INJURY OCCUPRED  WHILE ACT WORLD  THE INJURY OCCUPRED  WHILE ACT WORLD  THE STORM TURE	CONDITIONS CONTRIBUTE  19h. CONDITION FOR  19h. CONDITION FOR  19h. CONDITION FOR  19h. CONDITION FOR  21h. TIME OF INJURY HOUR A.M. MON P.M.  21a. PLACE OF INJURY 1at Hose Street, Factors  1at Hose S	WHICH OPERATIO	N WAS PERFORMED  THE LOCATION SHEET  And that so my lour apinion of the performed apinion of the performance	YES NO RED (ENTERPHATURE OF HULL)	20b. IF YES, WERE FINDING CAUSES YES  HEM TE PART TO PEAT TO THE ORDER	GS USED OF DEATH? NO  STATE (we) to
MEDICAL CERTIFICATION	PART 2: OTHER SIGNIFICANT  THE DATE OF OPERATION  THE ACCOUNT WAS UNDERSTORD  THE WAS	CONDITIONS CONTRIBUTE  19h. CONDITION FOR  19h. CONDITION FOR  19h. CONDITION FOR  19h. CONDITION FOR  21h. FIME OF INJURY  1ATH HOUR A.M. MON  21h. PLACE OF INJURY  1ATH HOME STREET FACTORY  10h and the body after death	WHICH OPERATIO	N WAS PERFORMED  111. HOW INJURY OCCURS  111. LOCATION  118. 19.  10. d that selmy lower opinion of the performance of the perf	VES NO RED (ENTERNATURE OF PULL)  CITY DE TO  GROWTH OCCUPANTS ON THE CITY  MEDICAL STAL  DIRECTOR PHYSIC	20h. IF YES, WERE FINDING CAUSES YES  10 FO ITEM 18 FAME 1 GREATED  TWM COUNTY  19 8 3  THE ONLY HE PART 20  THE O	GS USED OF DEATH? NO [] STATE (we) for ourse stated
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  THE ACCORDINATION  ACCORDINATION  THE ACCORDINATION  THE ACCORDINATION  THE SIGNATURE  THE PHYSICIAN SARME OF THE ACCORDINATION  THE ACCORDINATION  THE PHYSICIAN SARME OF THE ACCORDINATION  THE A	CONDITIONS CONTRIBUTE  198. CONDITION FOR  198. CONDITION FOR  198. CONDITION FOR  218. PLACE OF INJURY 1AT HOME STREET FACTOR  219. M. D.	WHICH OPERATION OF THE PARTY OF	N WAS PERFORMED  111. HOW INJURY OCCURS  111. LOCATION  119.  14	VES NO RED (ENTERNATURE OF PULL)  CITY DE TO  GROWTH OCCUPANTS ON THE CITY  MEDICAL STAL  DIRECTOR PHYSIC	20h. IF YES, WERE FINDING CAUSES YES  10 FO ITEM 18 FAME 1 GREATED  TWM COUNTY  19 8 3  THE ONLY HE PART 20  THE O	GS USED OF DEATH? NO [] STATE (we) los ouves stated
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21222

MD.

DHMH - 16 50M 4/82 (VRA 15, 4)

74 FUNERAL DIRECTOR Duda-Ruck, Inc ADDRESS 7922 Wise Ayenue Dundalk,



# poge 3 er deoth moy be n 24 haurs after death. Page 4 anna PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detoched for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be the with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal. injury, or ather traumotic event, th DIVISION OF VITAL RECORDS, 201 W. IMPORTANT: If Hem 21 is marked or

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

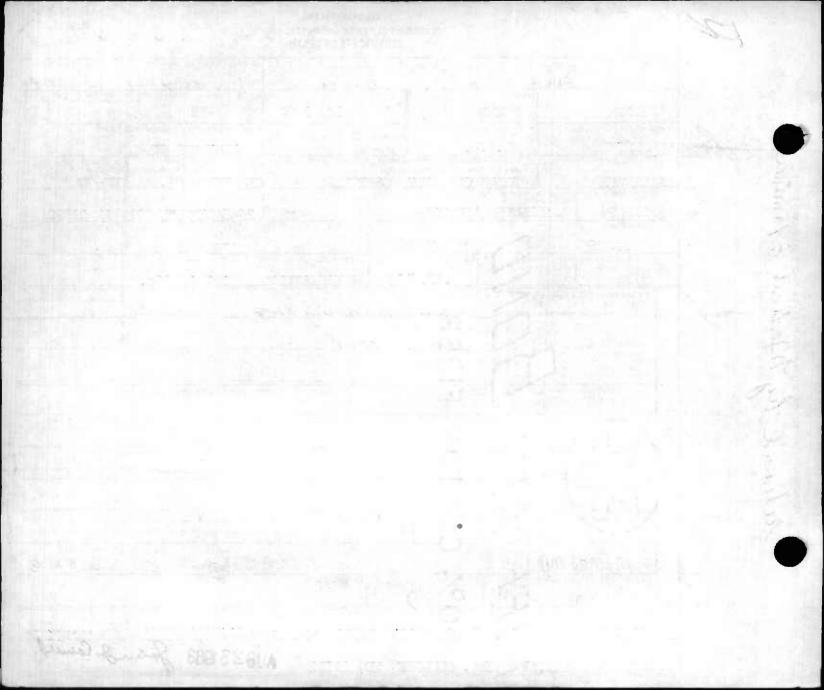
	FOR 1 - STATE REGISTRAR		DEPARTM		ICATE OF DEATH	ENES 2 REG. N	0 8	8	1
į	1. DECEASED NAME (TYPE OR PRINT) ANNA	L	EA	Ι	DUGGER	20 DATE OF DEATH	MONTH DAY	YEAR SEA	26. HOUR 6:00 PM
	3 SEX	4. RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LASH BI		UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE		9001	14 1900	82	YRS.	INS DAYS	HOURS MIN.
9	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TENNESSEE	76. CITIZEN OF WI		MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY OF	_	DEATH	MD.
1	18 CITY OR TOWN OF DEATH	11. NAME OF HO		HOME C		12a USUAL OCCUPAT	ION	126 KIND C INDUSTRY	OF BUSINESS OR
	BALTIMORE		ORE CITY		PITALS	CLERICAL-HO	os.	FED-GO	T'VC
5	SUAL RESIDENCE (IF NURSING HOME OF 13a. STATE NA COUNTY BALT)	ITY 13	ve residence before a 3c. CITY OR TOWN DUNDALK		13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 2645 LIBE	RTY PARI	KWAY 2	21222
0	14 FATHER'S NAME FIRST CHARLES	WIDDIE	PERSINGE	ZIR.	15 MOTHER'S MAIDEN NAM FIRST	UNKNOWN		LAS	sT
5		60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT		17 INFORMANT	ADDR				
4	(YES, NO OR UNKNOWN) (IF YES, GIV		109.05.63	30	BURCH DUGGER	SAME AS	13e.		IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT (	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D				nal disease or con	IDITION GIVEN	IN PART 10	<b>&gt;</b> '
2	19a. DATE OF OPERATION  17a. ACCIDENT WAS UNDERLYING	196. CONDITK	ON FOR WHICH C			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	OF DEATH?
-	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURRE		IRY IN ITEM 18 PART	OR PART 2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF	NJURY FACTORY, OFFICE FAR	RM, ETC )	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	27a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no	8-21	19 8	2	nd that in (my) (aur) apinion de	eoth occurred on the d	2 , 19 ate and hour or		that (I) (we) lost couses stated
4	226. SIGNATURE  Protol MD  226. PHYSICIAN'S NAME (TYPE O	R PRINT)			DEGREE  ATTENDING PHYSICIAN  226. ADDRESS	MEDICAL STA	FF CIAN D	Clique	signed ut 21B
	Robin	Fintel	mo						
	230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	236. DATE 8/26/1			EMETERY OR CREMATORY  ALLEY MFM PAR		MOTH		STATE ENNESSE
	24 FUNERAL DIRECTOR NAME WALTER BROOKS BRA	ADLEY, INC	ADDRESS DUNDAL	K, M	A1	16231983	256 RYGISTRAF	Y'S SON	thick

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital ar

BP.

TO HOSPITAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buindistrans; permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after dear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

executed within 24 hours after death. Page 4 may be

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1	10	8	8
600	U			-

		REGISTRAR						REG. NO.					
		EASED NAME FIRST		WIDDLE		LAST	2a DATE OF D	EATH MONT	H DAY	YEAR	2b. HO	UR	am
		VANTHA		C		KEHART		IST 30			10	: 404	
	3. SE>	emale	4. RACE White			OF BIRTH プ 5, 1904 YEAR	6. AGE (IN YEA		MONTH YRS.	DER I YEAR	HOURS	MIN.	
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUN	MARRI WIDOW	ED NEVER MARRIED	9. BALTIMORI	CITY OR CO		DEATH		MD.	
5	1	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, N CHEACILITY, GIVE h Hosp:	STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OC (TYPE OF WORK FI HOME M.	OR MOST OF WOR		b. KIND O DUSTRY	F BUSIN	ESS OR	
5		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		13c. CITY OR Balti	TOWN	13d. INSIDE CITY LIMITS? YES ** NO	13e. STREET AD 101 N.		Street	120	3/		
2		THER'S NAME FIRST -	WIDDLE	Cole	т —	15. MOTHER'S MAIDEN N FIRST Elizabet		MIDDLE	Bla	ney	Т		
		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADD ETST	entown	, Pa	•		
	no		TE WAR ON DIRICO)	217-2	6-9638	Mrs. Elizabe	th D. Bl.	ack 31	54 C.	Lind	a La	ne	
	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE MAMEDIA 1000) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, C  (b)  DUE TO, C  (c)	DR AS A CONS	SEQUENCE OF				IN GIVEN IN	PART 10	o'		
/	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	OITION FOR W	HICH OPERATION	ON WAS PERFORMED	20a AUTOP		IF YES, WEI CERTIFYING YES [			TH?	
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE ATWORK 22a. Lectify that (1) this hasp off the deseased dive of the contribution of the c	P PLACE (AT HOME, S)	.M. MONTH	AUGUS	271 LOCATION STREET  and that in (my) (T) opinio  DEGREE  ATTENDING	3 <sub>42</sub> A	UGUST' on the date of STAFF PHYSICIAN	30 <sub>19</sub>	OUNTY 83	that (I) (couses st		
		11	PAGLIAT	ELLI	MD		ROADWAY		LTAL LIMOR		MD:	212	31
		URIAL, CREMATION, REMOVA	L 23b DATE			CEMETERY OR CREMATORY	23d. LOCATI			EM YIM		STATE	. 1

DHMH - 16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

Leonard J. Ruck Inc. Baltimore, Maryland

D. BY 958 STRAN THE OSTRAN SEGUELOR

STAT

Jane J. Carles J. J. J. Company Co. 1 736

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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Ca	U	0	8	1

		REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST OR PRINT) LENA	Naomi.		CERLY	20 DATE OF DEATH	MONTH DAY	YEAR 2b. 1	02: Ju
	3. SEX	Female	4. RACE White	5. DATE O	ог віктн <b>ў.</b> 12 1930	6. AGE (IN YEARS LAST BIR		NDER 1 YEAR IF U	NDER 24 HRS
1	Pa. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF BALTIMOR			MD.
100	]	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN HE NOTIN SUCH FACULTY, GIVE STREET THE JOHNS HO	PKIN	S HOSPITAL	(TYPE OF WORK FOR MOSTO	E WORKING LIEES	126. KIND OF BU INDUSTRY at Hor	
)	13a. S	Md. Ann	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY PARUNDEL Pasade	'N	13d. INSIDE CITY LIMITS? YES NO 🗶		Dr. 21	122	
	/	THER'S NAME EMERSON	MIDDLE Knox LAST		15. MOTHER'S MAIDEN NAM	me Ethe	el .	Unk	
7		VAS DECEASED EVER IN U.S. AI (ES. NO OR UNKNOWN) (IF YES. G	RMED FORCES? 166 SOCIAL SECU 217-28-9	035	Edward Dunke	arly 733 Bri	dge Dr.		
		PART I. DEATH WAS CAUS  4275  Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	respin ence of rele	intry arrest			APPROXIMATE BETWEEN ONSET  Ve hy  1 Aleu	
		cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	minul	U' S CUS PA		DITION GIVEN	1-2 de	Ref
	CERTIFICATION	19a. DATE OF OPERATION	attent has feveral	cell	ca with mets	1 .	20b. IF YES, W	ERE FINDINGS I	
7		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		saw the deceased alive of	oital) ottended the deceased from	83,0	and that in (my) (our) opinion of	, to death accurred an the de	19_ ate and haur or		(we) lost es stated
		22b. SIGNATURE Day	is I Johnson		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗗	S//6	
		22d PHYSICIAN'S NAME (TYPE	orprint) ivid L. Johns	m	220 ADDRESS Johns	Hopkins t	lospital		
	00 0		100			TORE LOCATIONS			

DHMH - 16 50M 4/82

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Mc Cilly tuneral Home 3204 Mollitain Rd. 21122

8-20-1983 Security Process, Inc Cationsville

(VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 short

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	COLUMN ASSESSMENT OF THE PARTY	TO SERVICE AND THE	The second secon		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dis should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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death. Page 4 may be

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST		MIDDLE	_	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
{TYPE	E OR PRINT)	<b>Ratric</b>	K	J.	Dun	leavy		8 3	10 83	1.45 A M
3. SE	Х	4	. RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		Mai	1 30. 1905 YEAR	78	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	
	Treland		USA		WIDOWE	D NEVER MARRIED DIVORCED	Baltimort	e (i	tu.	MD.
	ITY OR TOWN OF DE	ATH 1			G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		OF BUSINESS OR
Ba	ultimore		/l/l	rou Hospi		Balto.Md.	Machinist		000	R.R.
130,	AL RESIDENCE (IF NUE	13b. COUNT		GIVE RESIDENCE BEFORE	V	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	t St.B	alto.Md	l. 21230
_	ATHER'S NAME		IDDLE	O / LAST		15. MOTHER'S MAIDEN NAM			LASI	
	John			Dunleavy		Manu		_	Ban	net
	WAS DECEASED EVE			166 SOCIAL SECUI		17. INFORMANT	ADDR		Dalto.III	a. 21234
,	YES, NO GR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-01-7	896	Mrs. Mary (.S	avarese, 83	10 Ridge	gely Va	ik Rd.
	18 CAUSE OF DEA PART 1. DEATH V	WAS CAUSED	BY:	line for 101, (b), and	//	rrest			BETWEEN C	IMATE INTERVAL ONSET AND DEATH
	1000	IMMEDIATE		100						
	Conditions, if ony	which	DUE TO, OI	R AS A CONSEQUE	NCE OF	Sepsis				A
	gove rise to im	rise to immediate								
3	couse (a), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SIG	NIEICANTO	ONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADITION GIV	EN IN PART 10	0.
NO										
CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED
IFIC			1000				YES NOT	IN CERTIF	YING CAUSES	OF DEATH?
CERI	21a. ACCIDENT WAS UN	NDERLYING [	21b. TIME O			21c. HOW INJURY OCCURE				
	OR CONTRIBUTING		HOUR A.	M. MONTH DA	Y YEAR					
MEDICAL	21d. INJURY OCCUP		21e. PLACE		19	21f. LOCATION				
WE	WHILE NOT W	ORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR T	NWC	COUNTY	STATE
	22a. I certify that (		ol) ottended th	e deceosed from_			, to		19	that (1) (we) last
	sow the deceo abave, (1) (we)	sed alive on_ (did) (did nat)	view the body	after death.	. 0	nd that in (my) (our) opinion (	death occurred on the o	late and hou	r and from the	couses stated
	226. SIGNATURE	"	, ,			DEGREE	14-15-1-15		22c. DATE	SIGNED
	Brend	- m.13	20 de		n	ATTENDING PHYSICIAN	MEDICAL STA		8/31	0183
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e. ADDRESS	11 1 5 1 6	10	DI 0. 11	L 21202
	Breno	Le M	· Brai			Mercy Hosp		travl	ri isali	to 21202
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY.	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial Sept. 3, 1983 Lakeview Mem. Park Baltimone (o. Maryland Funeral Director 21230 250. Date REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNAL OF WALLY Funeral Home, 130 E. Font Ave. Balto. Md. AUG 3 0 1988 Burial 24. FUNERAL DIRECTOR

	Page	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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DIVISION OF VITAL RECORDS, AND WITHESTON ST., BALLIMORE, MAKINESTON ST., BA	aires	
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DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE

DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENES
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					REG		
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		Elipai	7//	Dunn	X11/83		118
A	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR DO YEARS LAS	MONTHS DAYS	
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20	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER A	ARRIED 9. BALTIMORE CIT	OR COUNTY OF DEATH	
\$ <u>/U</u>	1	Vic.	US		ORCED   Dal	tmore	
16	10 CI	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		ITUTION 120 USUAL OCCUP	ST OF WORKING LIFE) INDUSTRY	
17		Daltmire	South		logs Ketwed	Co	
unnst Market		TATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	DWN 134. INSIDE CI	TY LIMITS? 130. STREET ADDRE	nerry Hill	Rd
a d	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S	MAIDEN NAME	0 .	AST #
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licol		AS DECEASED EVER IN U.S. A	RMED FORCES?	CURITY NO. 17. INFORMA	NT Danghter AD	DRESS	
ae /	-	(1) 123.0	212-1	6-8847 400	EZTTh	ST Balt	more
the /		18 CAUSE OF DEATH (Enter	only one couse per lighter to the	and (C)		APPRO 8ETWEEN	XIMATE INTERVA
even		PART I. DEATH WAS CAUS	ATE CAUSE (a)	Than colone	a i conjectio	- Gremie pr	elumon
otic		5 839	DUE TO, OR AS A CONSE	QUENCE OF	7	1	-
uno uno		Conditions, if ony, which	(b)	SUBBLEE	/ Erminal IRR	NERSIBLE KENA	n TAIL
er fr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF	, ,		
to 1	10	underlying couse lost.	(c)	Strente Go	meralonephis	23	
٠, ٥	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1	la
-		/		2 2			
Sie .	유		renestized a	reteripscleron	Severe	Van 15 MSS 145 SE SENIO	
ows any injur	TIFICATIO	190. DATE OF OPERATION	1	enteripscleron ICH OPERATION WAS PERFO	RMED 200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH
18 shows any injur	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	21c HOW IN		IN CERTIFYING CAUSE YES	S OF DEATH
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ANT: If them 21 is marked or them 18 shows.	WEDICAL STATE OF THE PROPERTY	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has saw the deceased alive c above, (I) (we) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPI  LEVEL MANUAL  22d. PHYSICIAN'S NAME (TYPI  LEVEL MANUAL  LURIAL, CREMATION, REMOVA	216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF)  spitall-ottended the deceased fro and provided the deceased from the dec	DAY YEAR  19  211. LOCATIC STREET  TO DEGREE  A  220 ADDRES	YES NO DIVINITY OCCURRED (ENTER NATURE OF NO CITY OF NO	IN CERTIFYING CAUSE YES  NUURY IN ITEM 18 PART 1 OR PART 2)  R TOWN  COUNTY  272. DAT  SICIAN  COUNTY  COUNTY	STA  STA  STA  STA  STA  STA

executed within 24 hours ofter death. Page

			STATE OF MARYLAND			
FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTA  CERTIFICATE OF DEATH			
CEASED NAME	FIRST	MIDDLE	LAST	2a. C		

8 0

	REGISTRAR				CERTIF	ICATE O	DEATH		REG. N	0.			
	CEASED NAME	FIRST		AIDDLE	L	AST			20. DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR	
(TYPE	OR PRINT)	LEO		A	DUNT	YHY	Dunph	У	8/8	83		4:20	4M
3. SE			4. RACE		5. DATE O				6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER TYEAR	IF UNDER 24 H	HRS
1	Male		Cau	ic.	4 4	7	189	3	90	YRS.	INS DATS	HOURS M	MP.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	LXNEVE	R MARRIED	n 9	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
1	Maryland	1814	U.S.	.A.	WIDOWE		DIVORCED	0	BALTIMORE	CITY	- 100	-	MD.
IN CI	TY OR TOWN OF DEA	тн		OSPITAL, NURSIN		R OTHER IN	STITUTION		120. USUAL OCCUPAT		12b. KIND C	OF BUSINESS	OR
	ALTO.		THE U	NION MEMO	DRIAL	HOSPI	TAL		Chief Cle			Railro	oad
USUA 13a S	AL RESIDENCE (IF NURS	NG HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS	2 1	13e STREET ADDRESS		2	106.	/
M	aryland		.A.	Glen Bu	rnie		NO DX		103 S.	Charte	r Rd	. Apt	. A
H. FA	THER'S NAME		MIDDLE	LAST	-07	15. MOTHE	R'S MAIDEN	NAM	MIDDLE		LAS	ST	
H	arry			Dunphy		A	nne				Alt	ter	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFOR	MANT		ADDRI	SS	3.77		
	Yes		W.1	705-05-	-3702	Shi	rley	Ga	rtrell 10	02 S. C	Chart	cer A	.F
	18 CAUSE OF DEAT											MATE INTERVAL ONSET AND DEA	ÀTH
	PART I. DEATH W		D BY: E CAUSE (a)	Conquel	we 1	react	failu	w			7/2	9-10	day
	4213			R AS A CONSEQUE	NCEOF		7-1-						
	Conditions, if any,	which	(b)	atual	Libri	Cake	y6						
	gove rise to imn		DUE TO OF	R AS A CONSEQUE			1-01-0						77
	underlying cause		(6)	AS A CONSECUE	1400					(B) 7250			
	PART 2. OTHER SIGN	NIFICANT	ONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELAT	ED TO THE T	ERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	a ·	
NO	Pre	ums.	ria,	renal fac	luce								
CAT	198. DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED		20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN			
TIE									YES NO	YES [		NO 🗆	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND	_	110110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW	INJURY OCC	CURRE	ED (ENTER NATURE O INJU	RY IN ITEM 18 PART	OR PART 2)		
CAL	OR CONTRIBUTING (		1111		19	6			/				
EDI	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ABM STC \	21f. LOCA			CITY OR TO	wn	COUNTY	STATE	E
Σ	AT WORK AT WOL	RK R	(AT HOME STA	LET, FACTORT, OFFICE, FA	ARM, CICI		1.1						
	220.1 certify that (1)	(this hospi	tal) attended the		7/29		, 19 8-	3	_, ta8/8	. 19_	83	that (I) (we)	last
	sow the decease	d alive on	t) view the pody	ofter death.	3, or	nd that in (n	<u>ny)</u> (our) opin	nion de	eath occurred on the d	ote and hour an	d from the	causes stated	d
	226. SIGNATURE	4				DEGREE	3.7			4 1	22c DATE	SIGNED	
	Day	bara	MRack		1	40	PHYSICIAN		MEDICAL STA		5/8/	183	
	22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)	Comband of	017	22e ADDI	RESS			TETTETAVI			
	BARBI	ARA	ROCH M.	D.		20	LEAST	UN	VERSITY				
23o. E	RIPIAL CREMATION	DEAGOVAL			AME OF C		R CREMATO		23d. LOCATION				
	Burial			1983 Du	lany	Va.	Mem.	P	k. Cockey	ysville	e, Ma	aryla	nd
24. FU	UNERAL DIRECTOR			10000		35.31	250.		REC'D. BY REGISTRAR	25h DEGISTRAF	- 4		
	Raymond	C.	Fink (	Glen Bu:	rnie	Md.	A	NUG	1 0 1983	John	SLL	shelf	6

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within IMPORTANT: If hem 21 is marked or the transition of the prior to burial, remaition, or removal.

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#### STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR	DEPART				089	ú
	OR PRINT)	RLES					26. HOUR P 5:16 M
3. SEX	Male	White	S. DATE (	eb. & 1962	21	MONTHS DAY	
B	Artimore, Md.	USA	WIDOW	ED DIVORCED	BALTIMORE CITY O	E CITY	MD.
B.	ALTIMORE	THE JOHNS H	OPKI1			WORKING LIFE) INDUSTR	of Business or Y ege
13a. S	Md. Bal	timore Middle	River	13d. INSIDE CITY LIMITS? YES NO K	122 Comp	ZIP CODE ass Rd. 2	1220
) )		Woole Durm LAST			Miller		AST
160 W	VAS DECEASED EVER IN U.S. AR	C		Lois E. Durm		Same	
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DBY:  TE CAUSE (0)  DUE TO, OR PS A CONSEQUE  (b)  DUE TO, OR AS AS CONSEQUE  (c)	LENGERE UENGGOE'	as Hope Tekal	Hense Jegs INACDISEASE OR CONE	ion 12 21	hous hous fair
TIFICATI	8 29 83 + 8 31 1	83 Fallos	HOPERATION OF THE AVE	ROGS	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES [	DINGS USED ES OF DEATH?
MEDICAL CER	(IF EITHER NOTBY MEDICAL EXAMINES 21d. IN JURY OCCURRED  WHITE NOT WHITE AT WORK  AT WORK  1 the deceased alive on obole; (1) (and (did not obole))  1 TON AT URI	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from, but view the body after death.	19 FARM, ETC)  8 2  , 'O'	211 LOCATION STREET  19  10  10  10  10  10  10  10  10  10	to \$3/18 depth occurred on the do	te and hour and from the	STATE ., that (1) (we) last
	1. DEC (1796 81) 76. BII DOLO 130. S 14. FA	TO STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  Male  76. BIRTHPLACE (STATE OR FOREIGN DECEASED TOWN OF DEATH BALTIMORE  10. CITY OR TOWN OF DEATH BALTIMORE  USUAL RESIDENCE (IF NURSING HOME OF DEATH BALTIMORE)  13. STATE  USUAL RESIDENCE (IF NURSING HOME OF DEATH BALTIMORE)  14. FATHER'S NAME FIRST Charles  16. WAS DECEASED EVER IN U.S. AR  YEARS OF UNKNOWN)  18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (OR CONTRIBUTING CAUSE OF DEATH (IN JURY OCCURRED)  WHILE NOT WAS UNDERLYING (IF EITHER NOT IF WAS UNDERLYING CORE OF DEATH (IN JURY OCCURRED)  WHILE NOT WHAT UNDERLYING CORE OF DEATH (IN JURY OCCURRED)  WHILE NOT WHAT UNDERLYING CORE OF DEATH (IN JURY OCCURRED)  WHILE NOT WHAT UNDERLYING CORE OF DEATH (IN JURY OCCURRED)  WHILE NOT WHAT (IN JURY OCCURRED)  WHAT (IN JURY OCCURRED)	TO CHARLES  1. DECEASED NAME (TYPE OF PRINT)  CHARLES  3. SEX  Male  1. RACE White  1. RACE Whit	THE JOHNS HOPKING HOW BALTIMORE  1. DECEASED NAME (IMPEOR PRINT)  CHARLES  DITED TO THE STATE OF FOREIGN (INC.)  3. SEX Male  PROBLET TIMORE (STATE OF FOREIGN MONE)  10. CITY OR TOWN OF DEATH (INC.)  BALTIMORE (IMPO) THE JOHNS HOPKING HOME OF OTHER INSTITUTION OF WHAT COUNTRY? (IMPO) IN SUCH ACROSS SHEET COPESS. THE COUNTY MICHOLOGY OF SHEET COPESS. IN STATE (IMPO) ON THE WINSTITUTION OF WHAT COUNTY OF THE PRINT CHARLES (IMPO) ON THE WINSTITUTION OF WHAT COUNTY OF THE PRINT CHARLES (IMPO) ON THE WINSTITUTION OF WHAT COUNTY OF TOWN OF WHAT COUNTY OF THE WINSTITUTION OF WHAT COUNTY OF THE WINSTITUTION OF WHAT COUNTY OF THE WINSTITUTION OF WHAT COUNTY OF TOWN OF WHAT COUNTY OF THE WINSTITUTION OF WHAT COUNTY O	I. DECEASED NAME (IVECORPRENT)  CHARLES  DURM  3. SEX  Male  4. RACE White  5. DATE OF BIRTH MOTPOD. (P. 1962)  MARRIED DIVERM  MARRIED DIVERM  MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVERM MARRIED DIVE	1. DECEASED NAME  I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  I. DECEASED NAME  I. DECEASE	STATE REGISTAR   REG

DHMH - 16 50M-4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

IMPORTANT: If Item 21 is morked or Item 18 shar

230 BURIAL, CREMATION, REMOVAL Burial

1334 NAME OF CEMETERY OR CREMATORY HOLLY Hill Memorial Gardens Town Baltimore Co., Md. Ale

1407 Old Eastern AveSEP 2 1982 John & Coming 1383

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SOUND STATES

#### STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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- STATE REGISTRAR		DEI ANTA	CERTIF	FICATE OF DEATH	REG. NO.	0 7 4
1. DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Sta	urea	Anthony	Dvor		August 5	1983 "
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Male	White		Ma		71 Y	RS.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COU	
Pennsylvania	U.S.A		WIDOW		Baltimore Ci	7712
Baltimore	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CO			ADMISSION)	136. INSIDE CITY LIMITS? YES X NO	136. STREET ADDRESS 4704 Hazelwoo	od Ave. 21206
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	
Joseph	MIDDLE	Dworak		Unknow	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	
(YES. NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	409-16-	9697	Eleanor Dvo	rak 4704 Hazelv	APPROXIMATE INTERVAL
Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, O		SCI &		ronary arter AINAL DISEASE OR CONDITION  1200 AUTOPSY? 1206. II	GIVEN IN PART 110.  FYES, WERE FINDINGS USED
2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				YES NO NO CE	PRTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	F DEATH HOUR A	.M. MONTH DA	YEAR		RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ]	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
27c. I certify that (Lihis is saw the deceased alive obave, (I) (we) (did) (did) (27b. 3 (GNATUB)	d not) view the body	19_	45 149	DEGREE ATTENDING	, 10	I hour and fram the causes stated  220: DATI SIGNED
Particia	Disharo	on MD.		3400 Brehms	Lane Baltimore	, Maryland
230. BURIAL, CREMATION, REMOVE Burial	Aug. 9		t. 01	ivet	23d LOCATION CITY OR TOWN  Baltimore	COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shaws

Leonard J. Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

**AUG 8** 1983

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Town Seeins lane Baltimore, 'serviced

Purial Aug. 0,1087 Mt. Olivet

Tourney J. Hait Juc. Partimore, Paryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	FOR T - STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	REG. NO.	3 9 5
1	1. DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	(TYPE OR PRINT) JACOB	Parker	EBER	WEIN	AUGKXXUST	13,1983 3:18p
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M	W	378	3/19°19 YEAR	64 YRS	MONTHS DAYS HOURS MIN.
1	76. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	M	9. BALTIMORE CITY OR COUN	
1	Balto. City	USA	WIDOWE	NEVER MARRIED DIVORCED	Baltimore Ci	Lty MD.
3	Balto. City	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Church Hos	STREET ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Inspector—For	12b. KIND OF BUSINESS OR
-	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			
7	MD Balt	NTY 13c CITY OR	1 7 7 1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 822 A Cinnamo	n Ridge Place
21	M. FATHER'S NAME				ME Cockeysvill	e, MD 21030
1	Jacob Parker	Eberwein,	Jr.	Ruby	WIDDLE	Reinhold
	160, WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	1101111014
2		VE WAR OR DATEST	5-6037		Eberwein, 822	A Cinnamon
	18. CAUSE OF DEATH (Enter or		b), and (c).)		Ridge Place	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE		CARRES			SE) WEEN ONSE! AND DEATH
	4/80 IMMEDIA		COURNICE OF			
	Conditions, if ony, which	POSS.	TBLE AC	UTE RUPTUR	E OF ABDOMAL '	VI\$CUS
	gove rise to immediate cause (a), stating the	,9/				
	underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF			
Ī	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT I	NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION G	GIVEN IN PART 110
		MONARY ARTE				OCARDIAL
	SEVERE COR.  190. DATE OF OPERATION IN.  210. ACCIDENT WAS UNDERLYING					24. INTEREFINDINGS USED
	HE I				- 220	TIFYING CAUSES OF DEATH?
	21g, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
			DAY YEAR			
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOT IFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	21f. LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	AUGUS	STREET	AUGUST 13	COUNTY STATE
	22a.1 certify that (1) (this hosp	AUGUST degeased f	ram 83	. 19	, to	, 1903 , that (I) (we) last
		ot) view the body after death.	17, di		deoth accurred an the date and h	
0	22b. SIGNATURE	Marriso	) HD	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR DHYSICIAN	8/13/83
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESHURCE	H HOSPITAL COR	RP.
	JOHN MAI	NNTST MD		100 N. BRO	DADWAY BALTO	D.MD; 21231
Ī	230. BURIAL CREMATION, REMOVAL	23b. DATE	23t. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	
	(SPECIFY)Burial	8/17/83	Gardens	of Faith	Balto.	Balto. MD

DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If Item 21 is marked at Item 18 shows

John C. Miller, Inc., 6415 Belair Rd.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

### Constitution of the contraction of the contraction

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成本			South Louise	
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6 NA NA 64		EQ EMPLOYED	Parter, Inc.,	27.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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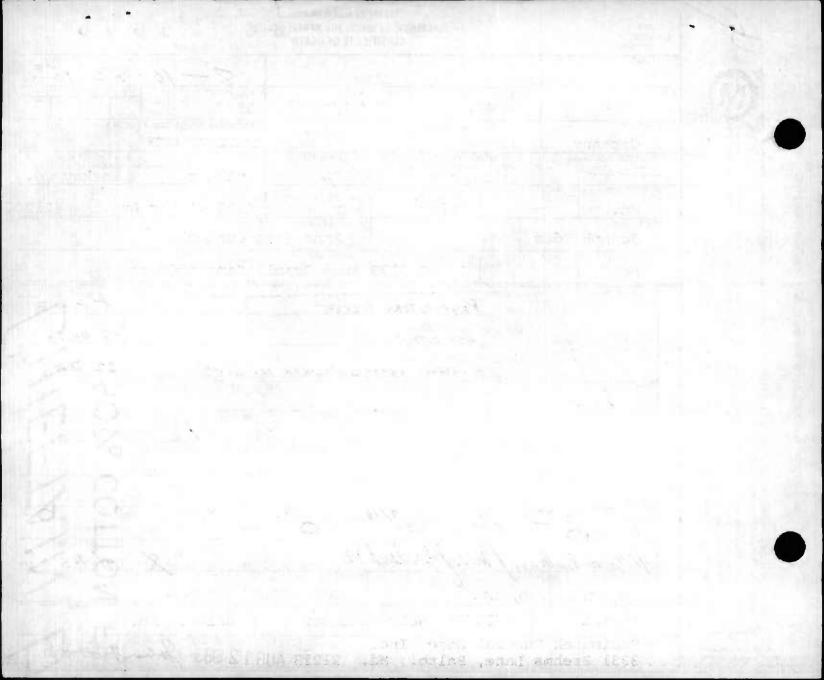
	1 -	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	0 3	9 6	
١		CEASED NAME FIRST	WIDDLE	ι	AST			AY YEAR	2b. HOUR
١	(TYPE	ORPRINT) MATTH	IEW	ED	ER	2-	10-	83	10-55 KM.
1	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Cauc.	T	/21794 YEAR	89	YRS.	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN OUNTRY)  Germany	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	MD.
1	1	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR UNION MEMO)	SING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Butcher			F BUSINESS OR
1	USUA 13a. S	LERESIDENCE (IF NURSING HOME OF TATE 136 COU!	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY 13c. CITY OR TO Balto	NWC	YES X NO	13e STREET ADDRESS 4222 Dil	ler A	Ave.	#2120
1	14. FA	THER'S NAME  Joseph Ede	MIDDLE LAST		15. MOTHER'S MAIDEN NAM Anna (ne	ee Gunner)		LASI	ı
	16a. W	VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES GIV		3-9173	Anna Braml	, Same ad		5	
1		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b),	and (ci.)				APPROXI	MATE INTERVAL
1			nly ane cause per line far (a), (b), ED BY: TE CAUSE (a) RESPIR	ATORY	AEREST			5 MINUTES	
		4360 Conditions, if ony, which	DUE TO, OR AS A CONSEC				3 H	OURS	
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTE TO BILLETETA		BROVASCULAR A	CCIDENTS		22	DAYS
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING</u> 1	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(d	11	
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO				LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT ( OR PART 2)	-1
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC )	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
			attended the deceased from 8/10		, 19 83 and that in (my) our opinion o	, ta 8//2 death accurred on the d		9 23 , and from the	that (I) we last
		11. Methodorel	ATTENDING PHYSICIAN	MEDICAL STA		276. DATE 8/10/	SIGNED 10		
		DARRYL KURL	,		UNION MEMOR	RIAL HOSPIT	AL	2	1589
	23a B	SURIAL CREMATION, REMOVAL SPECIF Burial	23b. DATE 13/83	NAME OF C	emetery or crematory Redeemer	Balto.	, Md.	COUNTY	STATE
	24 FU		Funeral Home s Lane, Balt			E REC'D. BY REGISTRAR	250 REGISTE	AR'S SIGNAT	wif

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.



BP. **DHMH - 17** (VR A15 ME (5))

20M 4/82

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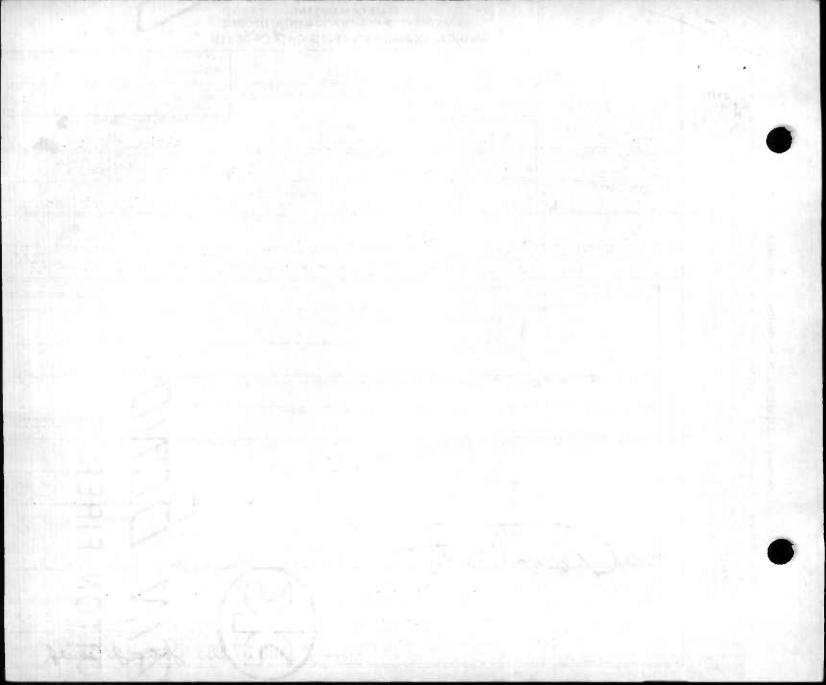
FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1	6.00	0	0		-
1		REG.	NO.		

-1	REGISTRA	AR	1415	TONE ENAMIN	ALK 2 C	EKINICKI	LOIDE	~ 111	REG. NO.			
	1. DECEASED I	NAME FIRST		WIDDLE		LAST		26 DATE KN	NOWN X	MONTH	DAY YEAR	R 26. HOUR
1		Gor	don Stan	ley	F	die		DEATH M	ATED	8	15 19 83	3 M
ì	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN		DER 24 HRS	. 2c. DATE		MONTH	DAY YEA	
1	1	7.77 . ,	MONTH DAY	1901 82	DAY) MONTH	S DAYS HOUR	S MIN.	PRONOUNC	ED			6:40
	Male	White			YRS.			DEAD		8	15 1983	
b	BIRTHPLAC	E (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MAPPI	ED A NEVER M	APPIED [	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
H	Maryl	and	U.S.A.		WIDOW		ORCED [	D	-1+:-	(	C :+	
4	mary of t	WN OF DEATH		PITAL, NURSING HOM				SUAL OCCUPA			C ity.	MD.
	I CITTOR IC	WIN OF DEATH		CILITY, GIVE STREET ADDRESS)		EK INSTITUTION	FOR	- Firer	G LIFE)	7 WORK	OR INDU	STRY
	/Balt:	more	Universi	ty Hospita	11		Ret	t- Firer	nan Bo	xitin	nore cr	ty
1			E OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	510N)						21	123
4	130. STATE	7 136 20	UNTY	Randallst	01 310	13d. INSIDE CITY LIMI	TS? 13e. ST	REET ADDRESS	De De	J D	andall.	tan I
4	Mary	ana VBa	ltimore	narmalisi	σωνι	YES NO	37	714 Cas	sen na	<i>ι.</i> πο	inaarie	3 LOWIL
1	14. FATHER'S	VAME	MIDDLE	LAST		15. MOTHER'S M	AIDEN NAM	NE MIDE	OLE.		LAST	
	FIRST	01000	MIDDLE	Edie		Una	,	Milipu		Chapn	nan.	- 0
7		ased ever in u.s.	V.	16b. SOCIAL SECURI	TV NO	17. INFORMANT		The - Tours			lie	
2	YES, NO, OR		IVE WAR OR DATES)	100. SOCIAL SECORI	IT NO.			Evelyn				,211,33
	no			217-26-35	599	3714 Ca	issen I	Rd. Ranu	dallst	town,	, Mary	land
1		ISE OF DEATH (Enter	only one couse per line	for (a) (b) and (c)								AATE INTERVAL
ŀ	PAR	TIMEATHURE CAN	CED DM		1 6						BETWEEN ON	NSET AND DEATH
1	0	7 55 J IMMED	PIATE CAUSE (o) GL	inshot wour	id of	head					_	
		100	DUE TO, OR	AS A CONSEQUENCE	OF							
		ditions, if ony, whi										
		e rise to immedia										
		se (o) stoting the <u>und</u> g cause lost.	er-	as a consequence	OF							
Я	3		(c)									
	PART 2 D	NER SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TER	RMINAL DISEASI	DR CONDITION GIVEN	IN PART I lot.					
	2											
$\overline{}$	WEDICAL CERTIFICATION  180° DY  100° DY	E OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?					2B AUTOPS	SY?
/	2		110.001.011	10								ONLY
	ii	en of Branch										NO L
P	21g. EXT	ERNAL CAUSE WAS	21b. TIME OF	INJURY	21c HO	DW INJURY OCCI	URRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PAR	RT 2)	
2	UNDER	YING XOR BUTING CAUSE (	3 . 2 5 X	8 15 19 8	23 50	lf infli	ctod					
	CONTR			OF INJURY (AT HOME,		CATION	cted					
	WHILE	URY OCCURRED	STREET, FACT	ORY, FARM, ETC.)		TREET		CITY OR TOWN		COL	UNTY	STATE
	AT WO	RK NOT WHILE	x he	me	371	4 Cassen	D.A.	Pandal	1 etom	a R	alto	MD.
					EADON	LY		Nanual	ISLOWI	I Do	arto.,	PID.
	226.	certify that I took ch	orge of the remains des	ribed obove, held on	Autop	sy X Insp	ection .	Inquiry L	,ond	in my op	INION	
	death	resulted from 7 1 pg	ptural counes A	Accident . S	vicide X	Homicide	. Unde	etermined moni	ner .			100
	ASSTRUCE.	/ ///	(1)\/1	1		TITLE (SPECIF	V.					
	ACTUA	1 11	nu. 1/7	W.	-		,			DATE		
	5 SIGNA	UR	Man IN		M	Deputy (	hietme	DICAL EXAMIN	1ER	SIGNE	D8/	16/83_
1			TL . D	C 111 M 5		100						
4		IER'S NAME R PRINT)	nomas D.	Smith, M.	١.	ADDRESS	il Per	nn St.	Balto.	.,MD		
		EMATION REMOVA	L 23h DATE	123r NAME OF C				LOCATION				
	(SPECIFY)						CIT	TY OR TOWN		COUN		STATE
		urial c	8-19-83	Moreland	d Memo	orial Par	ck P	arkvill	e Bal	timo:	re Mar	yland
	24. FUNERAL	DIRECTOR Tions	ng Byerson B	manal Din	at am	-		BYREGISTRAR	255 REGIST	TRAR'S S	IGNATURE	
	0790 T	hants D-	nd Randalls	torse March	1 00018	of the	NUG 17	1983	John.	2	· Caluel	4
	0/40 4	LUELLY NOC	u nariaalls	Lowri Mary	Laria i	11/001				30		7.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	0	0	7	8
REG. N	0.		-	

1.	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	IENE 2	0	8 9	8	
	CEASED NAME FIRST	MID	DLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEA	2b. H	IOUR
11111	MARG	ARET		E	DWARDS		8	21 83	3	
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIT	THDAY)	IF UNDER 11		DER 24 HR
	Female	Whi	te	12	22 84	98	YRS		AYS HOU	RS MI
	IRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76. CITIZEN OF WE	WHAT COUNTRY? 8. MARRIED NEVER MARRIED MORCED DIVORCED						Н	
1	Baltimore	Cation M	acility, give street al	sing	Center INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	ION OF WORKING	12b. KIN INDUS	ND OF BUS	
13a. Ma	STATE 136. COU	R OTHER INSTITUTION, GIV NTY 13	Baltimor	e e	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 108 Wallac	e Ave	enue :	21225	
14. F/	ATHER'S NAME FIRST Thomas	Edward	ls	15. MOTHER'S MAIDEN NAM	WIDOLE			McGo	wan	
	WAS DECEASED EVER IN U.S. A		b. SOCIAL SECUR	ITY,NO.	17. INFORMANT	ADDR			100	
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 194-2				Mildred Croc	chunis 3370	Du1a	aney S	treet	212
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  OITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE			THE TERMINAL DISEASE OR CONDITION GIVEN IN PA			r Iras	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH (	OPERATIO .	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FII TIFYING CAL YES	ISES OF D	
\	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART   OR PAR	T 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET	CITY OR TO	)WN	COUNT	Y	STATE
	22a.I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n 22b. SIGNATURE		8 - 6 19	6	nd that in (my) (aur) apinian of DEGREE	death accurred an the d	FF _	22c. D	the couse	s stated IED
	22d. PHYSICIAN'S NAME (TYPE Dr. Ajaib Sid				220. ADDRESS 9380 Baltimo	Printector   PHYSIC Ore Nationa			ite 1	17
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8/24/8			mily Cemetery	New Phil				P/ /kiT
	UNERAL DIRECTOR  AME  AME  Bbard Funeral B				21229 250. DATE			ISTRAR'S SIG		ill

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of should be detached for use as the buriol-transit permit. Then please remove cortains with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or sems

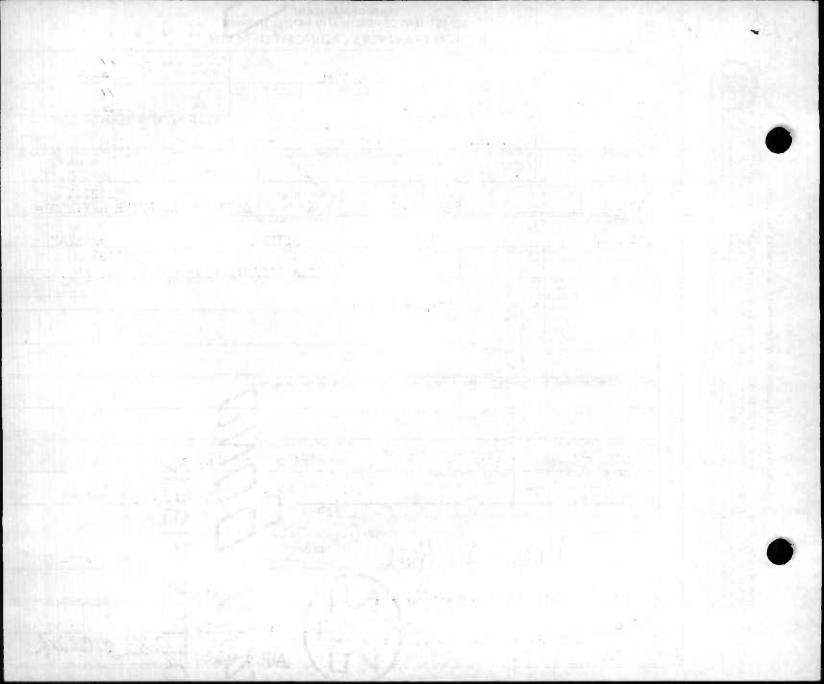
retained by the haspital or attending physician.

A TAIL OF BUILDS

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	Wild are referenced		2.0	
		true true?		The Salma
andre California				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY IN THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR INVERTAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN YO EATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON PROFILE MARKHAND 2 LYSUPPOINT OF REMAYNAND.
DIVISION OF VITAL RECOR	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC JTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERV DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MORE, MARYLAND, (\$2,20) (PRIORICATO BURIAL, CREMATION, OR REMOVAL.)
	LEDIC JAET A SI ADEA

10	- 6	11-	FOR STATE REGISTRAR		ME	DEPARTMENT	OF HEALT				0 8 REG. NO.	9 9	
	-		CEASED NAME OF PRINT)	AE FIRST		MIDDLE		LAST		20 DATE OF	KNOWN 📈 "	AONTH DAY	YEAR 26 HOUR
	Seine S			DAVI	D		ELG	AMIL		DEATH	MATED   8	3-12-8319	M
	<b>日本時間</b>	3. SE	<	4. RACE	5. DATE OF BIRTH	6. AGE (	IN YEARS IF U		UNDER 24 H	RS. 2c. DATE	M.	ONTH DAY	YEAR 2d HOUR
	28500	M	ALE	WHITE	JUNE 17,		YRS.	INS DATS IN	MIN.	DEAD	{	8-12-8319	11:49
	NECESSA S FOR Y WITHIN	FC	RTHPLACE ( PREIGN COUNTRY  GYPT	STATE OR	76 CITIZEN OF W	VHAT COUNTRY?		RIED XX NEVER		_	orecity or continuous (	OUNTY OF DEA	ATH
	AY IS THE FILED.	2	TY OR TOWN		(IF NOT IN SUCH F	SPITAL, NURSING H	ES\$)	HER INSTITUTIO		USUAL OCCUP FOR MOST OF WOR	ATION (TYPE OF	WORK 126 KIND OR IN	OF BUSINESS NDUSTRY
	SDS.	USU	Saltimo AL RESIDENCI	TE (IF IN NURSING HOME OF	ROTHER INSTITUTION, C	Hospital	MISSION			GUARD		ISECUI	
. 21201	AND 3TO AND 3TO RETAIN P RECORDS,	30. 3	MARYLA	ND 136. COON	TY	BALT IMOR	/N	- 1	NO 0 6			(21215) VE APT.	
MD.		14. E.	ATHER'S NAM	NE.	MIDDLE	LAST		15. MOTHER'S	S MAIDEN NA	AME	DDLE	LAS	T.
A.	A P P P P P P P P P P P P P P P P P P P		ABRA			ELGAMI		E	STHER			ABDAL	LAH
IWO	FORM ON OR	160.	WAS DECEAS ES, NO, OR UNKN	ED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC	JRITY NO.	17. INFORMAL	NŢ		ADDRESS(2	1215)	
ALT	JRS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND DIVISION OF VI		NO					REGINA	ELGAM	IL 6502	EBERLE	DR. AP	Г. 302
3	WIT. P		18 CAUSE	OF DEATH (Enter onl	y one cause per lin	e far (a), (b), ond (c)	)						OXIMATE INTERVAL IN ONSET AND DEATH
PRESTON ST	IN 24 HOUR IN ITEM 1B. A ALONG W ISIT PERMIT. HYGIENE, D MOVAL.		PARTIE	EATH WAS CAUSED	E CAUSE (a)	Multiple	injuri	es					
STO	A PICTOR A P	15	81	7/	DUE TO, O	R AS A CONSEQUEN	ICE OF						
PR	A A NS			ons, if any, which	(b)								
201 W.	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL I			a) stating the <u>under-</u> ouse last.	DUE TO, OI	r as a consequen	ICE OF						
VITAL RECORDS, 201	EXEC DING" DICAL A BUR TH AN	Z	PART 2 OTNER	SIGNIFICANT CONDITIONS C		N DUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GI	IVEN IN PART 1 to	1			
REC	RD "PENG RD "PENG HIEF MEE USED AS OF HEALT	H M	19a. DATE C	F OPERATION	19b. COND	ITION FOR WHICH O	PERATION	WAS PERFORME	D?			20 AU1	TOPSY?
ITAL	ロロードストラブ		5.33		201							YES	KIXON
≥ V				IAL CAUSE WAS	216 TIME C		216 1	OW INJURY O	CCURRED (EN	NTER NATURE OF INJ	URY IN ITEM 18 PART		
DIVISION OF	CERTIFICATE SH ITING THE WOR DED TO THE CH E 3 SHOULD BE U DEPARTMENT CH IN PRIOR TO BUR	MEDICAL CERTIFICATION		IG XXOR TING CAUSE OF D	EATH 0: 156	M 8-11-83	, p	edestri	an str	uck by	an auto		
DIVIS	ITHIS CERTIFICATE TE, WRITING THE W RWARDED TO THE THE PACE 3 SHOULD B STATE DEPARTMEN TO THE PACE STATE S	MEC	WHILE AT WORK		STREET, FA	ctory, farm, etc.)	Pat	terson i		uth Bal	timore.	COUNTY Marvlar	state
	1113		220 Lear	tify that I tack charge	e of the remains de	escribed obove, held		Wildyood	nspection XX			my opinion	
	CERTIFICATE OULD BE FOR L DIRECTOR: 1, WITH THE MARYLAND,		death resu		al couses .	Accident &	Suicide [	Homicide		ndetermined mo		ту оритоп	
	CERTIFIC CERTIFIC JLD BE DIRECT WITH		deamieso	017	1 0	Account of	A	TITLE (SPEC		racie i i i i i i i i i i i i i i i i i i			
	MALDUCE MIH, V		ACTUAL SIGNATURE	M	Martia	be The	L.	M.D. Assis	بلد مر بد باد	MEDICAL EXAM	INER	DATE SIGNED 8-12	2-83
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH ALTIMORE, MARYL 1	1	EXAMINER'S		parita A.	_Korell M	.D.	_ADDRESS	111 Pe	nn Stre	et		
	5XX5FR	23a. B	URIAL, CREM	ATION, REMOVAL 2	36 DATE	23c. NAME OF	CEMETERY	OR CREMATORY	7 230	LOCATION		COUNTY	STATE
	BP.		BURIAL		8/12/83	CHIZU	K AMUN	O CEM.		BALTIMO	RE.		ARYLAND_
	DHMH - 17		UNERAL DIRE		EVINSON	BROS., IN	C.	250.		), BY REGISTRA		AR'S SIGNATUR	
	(VR A15 ME (5)) 20M 4/B2	60	10 REI	STERSTOWN	RD. BALT	IMORE, MAR	YLAND	21215	AUG 1	6 1983	John	~~	mbe
	ZUM 4/ DZ									70.7			



STATE OF MARYLAND

11.	STATE	D		EALTH AND MENTAL HY	SIENE Z	UyU	U
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	Ю.	
	CEASED NAME FIRST	MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
TYP	ADD ADD	16	EL	LIOTT.	08/01	5/1983	7.45 M
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI		
		Black	3		95	YRS.	DAYS HOURS MIN.
	IRTHPLACE   STATE OR FOREIGN	75 CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	TH
	irginia	U.SA	WIDOWE		Baltimo	re City,	MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPAT	ION 126. K	IND OF BUSINESS OR
1	Baltimore	North Char		eral Hospit	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDU	STRY
	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE AOMISSION)				
	aryland   13b COU		timore	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 417 E. 2	3rd Stre	et 21218
	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		
	Louis		rke	Liza	WIDDLE		LAST
16a \			AL SECURITY NO.	17. INFORMANT	ADDR	ESS	
1	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	216-	01-1589	Rosetta Le	mons 417	E. 23rd	Street
	T			111000000			APPROXIMATE INTERVAL I WEEN ONSET AND DEATH
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	n id cal	EROTIC (/	MADIO-WAR	CHLAR	WEEN ONSET AND DEATH
15	11 DO IMMEDIA				110510-0115		
	7272	DUE TO, OR AS A CO	NSEQUENCE OF -	DISEASE	- DEKYD	MOTION	
	Conditions, if ony, which	(b)		0) (/1) -			
	couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	IE SEPSI			
	underlying couse lost.	( (c)	292 2012	IE Jei Ji	<u> </u>		
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(a)
é	6						
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
1 🗒			OLESE R.		YES NO	YES 🗌	NO
8	210, ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PA	ART 2)
M	OR CONTRIBUTING CAUSE OF DE	LAIII .	19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		216 LOCATION	CITY OR TO	OWN COUN	NTY STATE
2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	1		11 00	
	22a.1 certify that (1) (this has	pital) attended the deceased	from 08	051 198-	2 10 0 0 0	01 19 0-	, that (I) (we) last
	sow the deceosed olive o	on	19 or	nd that in (my) (our) opinion	death occurred on the d	lote and hour and fro	m the couses stated
	22b. SIGNATURE	A .		DEGREE		22c.	DALE SIGNED
M	1. DAyant	- 1 Anja	~	ATTENDING PHYSICIAN [	MEDICAL STA		516183
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS Nan-	Th CLAY	ES NOS	1: T/12
	ANT	ARIA		BALTIMON	IF MA	21218	
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23r NAME OF C	EMETERY OR CREMATORY	1236 LOCATION	- 0	
	BURIAL	8/11/83		Calvary Cen		re °Co	, Må.

BP DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or attending physicia

24 FUNERAL DIRECTOR ADDRESS Wm C March F/H Inc. 1101 E North Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 8 1983

18 18 18 18 18 18 18 18 18

death. Page 4 may be

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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REG. N	10.		- 77	

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		, 0 1		
1. DECEASED NAME	FIRST	T MIDDLE		AST		MONTH	DAY YEAR	AY YEAR 2b. HOUR	
(TYPE OR PRINT)	William	L.	E1	lis	Augus	£ 4.	1983	3:45P M	
3. SEX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
male	W	hite	2 ONT	6" 39"	44	YRS	MONTHS DAYS	HOURS MIN.	
TOUBIRTHPLACE (STATE OF	FOREIGN 75. CITIZEN	OF WHAT COUNTRY?	8	<b>19</b>	9 BALTIMORE CITY O	COUN	TY OF DEATH		
COUNTRY) Pa	. U	U.S.A.		D NEVER MARRIED L	Baltimore City			MD.	
Baltimore	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET A	DDRESS)	or other institution Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITEMAN	WORKING		lectric	
USUAL RESIDENCE (IF NUI 130. STATE		_W	ADMISSION)		1125 Wynb		en Burr k Rd.	nie Md. 21061	
William	MIDDLE	Eïlis	5	Dorothy	ME		Di	ven	
	R IN U.S. ARMED FORCES			17. INFORMANT	ADDRE				
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	215-34-	-912:	Fannie M.	Ellis (wi	fe)		Address IMATE INTERVAL ONSET AND DEATH	
Canditions, if an gave rise to in cause (a), statunderlying cause	y, which (b) nmediate ing the se last. (c)	OR AS A CONSEQUE CARCINON OR AS A CONSEQUE	NCE OF	the Lung with Disease			SIVEN IN PART 1	0	
190. DATE OF OPER.  July 24  210. ACCIDENT WAS U		bility to		ow due to	200 AUTOPSY?	IN CERT	YES, WERE FINDING TIFYING CAUSES		
OR CONTRIBUTING	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH DA P.M.	Y YEAR	216. HOW INJURY OCCUR					
21d. INJURY OCCU	VHILE TO TAT HOME	CE OF INJURY STREET, FACTORY, OFFICE, FA	ARM ETC }	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE	
same the deser-	(this haspital) attended used alive an <b>Augus</b>	- 1 10 8	July	22 19.83 nd that in <b>K</b> y) (aur) apinian	, taAugust death accurred on the do			that (if (we) last causes stated	
22b. SIGNATURE	(did) (dox of) view the bo	md .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED 5 83	
22d PHYSICIAN'S I	on Trent, M.	D.		27. ADDRESS C/O Marylar	nd General F	lospi	ital		
230. BURIAL, CREMATION				emetery or crematory Haven Cemete	23d LOCATION CITY OR TOWN E TY Glen E	lurn	ie A.A	state Md	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages Land 2 should be file with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

injury, ar ather troumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shouls any

George J. Gonce

Baltimore Md. 21225 4001 Ritchie Hwy.

AUG 8 1983

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ti	FOR - STATE REGISTRAR	DEPART		FICATE OF DEATH	JENE S REG. N	0 9	0	2
	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Will	liam	E 1	more		8 5	83	4'15AM
3. SE		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER TYEAR	IF UNDER 24 HRS
	Male	Black	2 MONT	13 1899	84	YRS	S DAVS	HOURS MIN.
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
	Carolina OTY OR TOWN OF DEATH	U.S.A.	WIDOW		Baltimor			MD.
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE 5215 Saybro	T ADDRESS)		120 USUAL OCCUPAT		NDUSTRY	BUSINESS OR
USU	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		1			
	laryland	UNTY 130 CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5215 Say	hrook	Pond	21206
_	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		-	LAST	21200
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	ESS		
	(YES, NO OR UNKNOWN) (IF YES, C	213-09	-1187	Naomi Wags	taff 5215	Sauhr	ook I	Pond
	18 CALISE OF DEATH (Fotor			I Muonii Mugo	Luii Jii	Daybi	APPROXIM. BETWEEN ON	
		only one couse per line for (a), (b), or	1	7	1-		BETWEEN ON	NSET AND DEATH
	I O TO	ATE CAUSE (o)	na	acjaran	or com	can	MI	ars
	1850	DUE TO, OR AS A CONSEQU	JENCE OF					
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (o), stoting the	DUE TO, OR AS A CONSEQU	JENCE OF					
	underlying couse lost	(c)						
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
CERTIFICATION			5-11-					
S	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI	RE FINDING	GS USED
E					YES NO	YES	CAUSES	NO
CER	210. ACCIDENT WAS UNDERLYING		AV VELS	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I C	OR PART 2)	
A	OR CONTRIBUTING CAUSE OF D	CAIN	DAY TEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			531	
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TO	.wn C	OUNTY	STATE
		pital attended the deceased from	TUE	10 43	DRES	ENT 10	.1	
			off the	nd that in my (our) apinion o	depth occurred on the de	nte and hour and	from the cr	not (I we lost
	obove (1) we) (did) (did r 22b. SIGNATURE	not) view the body after death.		DEGREE				
1	Dolores 1	m. Prundly	Λ	ATTENDING	MEDICAL STAI	FF	9 AL	1C-83
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS 1/10/10	N MEMORIA	TL HOSI	PITAL	HOSPICE
	DOLORES M.	PURNELL MA		RALT	TIMORE . I		218	
	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		- 10	
	BURIAL			Hill Cem.	Glenbur	nie	NIY	Md.
24 F	UNERAL DIRECTOR			25n. DATE	F REC'D. BY REGISTRAR		SIGNATU	
W	m C March F/	H Inc. 1101 E	Nort	h Avenue Alle	9 1982	Q.	0 0	
		a zac. IIOI B	MULL	" Avenue 700	1300	- min	po was	well.

DHMH - 16 50M 1/81 (VRA 15, 4)

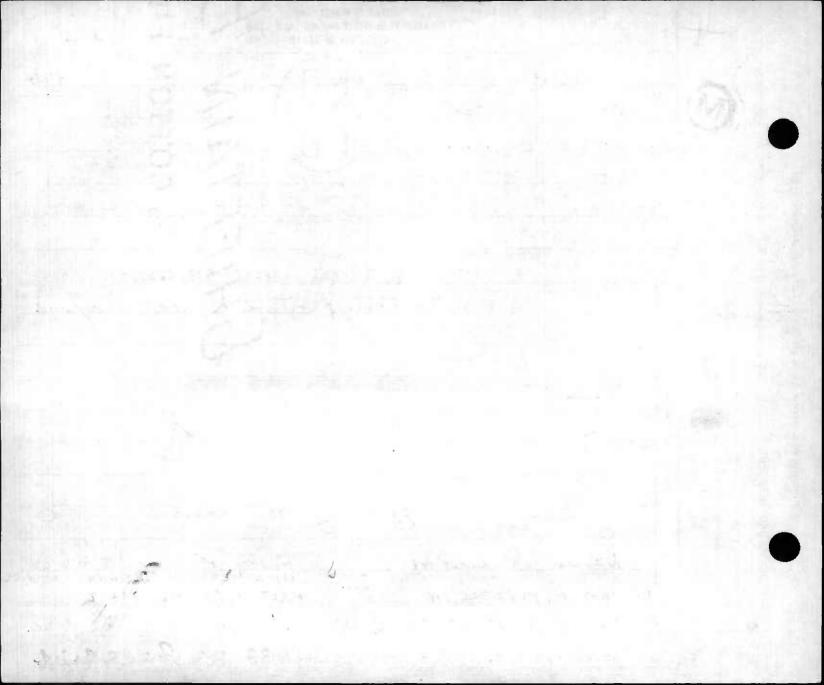
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commisshould be detacked for use as the burial-transit permit. Then please remove carbanpopers-Pages 1 mm with the State Dept. of Health and Mental Myacone prior to burial, cremation, ar removal.

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IMPORTANT: If Item 21 is marked or Item 18



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

please remove carbonpapers. Pages ng physicion

should be detached for use os the buriol-tronsit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital or attending physicio

signed by the ottendi

# STATE OF MARYLAND

- STATE REGISTRAR		10.00	CERTIFICA	ATE OF DE	LAIII		REG. NO.				
1. DECEASED NAME (TYPE OR PRINT)	Hazel	Jane	LÄST E	lvidge		26. DATE OF	DEATH MON		-		OUR 20
3. SEX  Female	4. RACE	hite	S. DATE OF B	DAY	YEAR 08	6 AGE INYE	ARS LAST BIRTHDA		F UNDER I	YEAR IF UI	
70 BIRTHPLACE (STA COUNTRY) Per	na.	U.S.A.	MARRIED WIDOWED		ARRIED X		ECITY OR CO	OUNTY		н	
Baltimor	e Bela	OF HOSPITAL, NURSING SUCHFACILITY, GIVE STREET A LIT CONVALE	escent (			12e USUAL O	CCUPATION FOR MOST OF WO		12b. KII INDUS	OF BUS	INESS (
Md.	NURSING OME OR OTHER INSTITUT	13c. CITY OR TOWN Pasaden	N 138		ио 🔀		Ridge	Driv	re	2112	2
M. FATHER'S NAME FIRST Walt		Elvi	.dge	FI	MAIDEN NAM Mary	E	Elizal	oeth		Arms	tron
(YES, NO OR UNKNOW	VER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			INFORMAN		Bankey	ADDRESS	Same	2.8	13e	
4100		per line for (a) (b), and Lente  OR) A CONSEQUE	myo	cardia P +	I day	faretion		2 1)		PROXIMATE I	TERVAL NO DEA
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Conditions, if gove rise to couse (a), underlying of PART 199 HER	IMMEDIATE CAUSE (a),  DUE TO  DUE, to  immediate toting the buse lost.  (c),  SIGNIFICANT CONDITIONS	OR AS NONSEQUE	MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO MINTO	Cute	inoul	farchis Inti (	Ascula OR CONDITION	ON GIVE	N IN PAR	PROXIMATE I VEN ONSET	Ges SED ATH?
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Conditions, if gove rise to couse (a), underlying or couse (b), underlying or couse (b).  216. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHEN AWORK AWO	IMMEDIATE CAUSE (a)  DUE TO  DUE TO  TO TO THE TO T	OR AS ACONSEQUE  CONTRIBUTING TO D  E OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FA	DEATH BUT NO  OPERATION  Y YEAR  19  ARM, ETC.)  DEG  M  DEG  DEG	T RELATED I	TENDING HYSICIAN	NAL DISEASE  10m AUTOP  VES  10m CENTER NATU	OR CONDITION  IN I	DN GIVER	N IN PAR WERE FI	PROXIMATE REPONSET	SED ATH?

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY STATE Cedar Hill Cemetery Brooklyn A.A.

25a DATE REC'D. BY REGISTRAR 251 PEGISTRAR'S SIGNATURE

Burial
24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy, Balto Md

8/12/83

AUG 1 6 1983

THE RESIDENCE OF THE STATE OF T ...... Bellilliore of the selfs other trive and incident (Marinelli Arrabitati CANONIC STREET, CONTROL OF STREET, CONTROL OF STREET, CANONIC and the first of the second of bit .A.A sylven the sense file takes f \all fates. Loose de la company de la contra del la contra del la contra del la contra de la contra de la contra de la contra del la cont FOR

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or, p	3 SEX		4 RACE		DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAS	( BIRTHDAY)	MONTHS DAYS
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Jeor Jacon	MAI		USA		WIDOWED D	DIVORCED [		o. Cit	4
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m pled		2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT R	ELATED TO THE TE	RMINAL DISEASE OR C	ONDITIONG	SIVEN IN PART 1
2 N S G	CERTIFICATION 13.0 D							N HEVE	- Care
4 1 6	Y 190 D	ATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATION WAS	PERFORMED	20a AUTOPSY?		YES, WERE FIND!
u 2 d u				_	1		YES NO	9	YES 🗌
18 18		CCIDENT WAS UNDERLYING	216. TIME OF I	MONTH DAY	YEAR 21c. H	OW INJURY OCCI	JRRED (ENTER NATURE OF	INJURY IN ITEM 18	B, PART 1 OR PART 2)
- 19117		HER, NOTIFY MEDICAL EXAMINE			19				
d the	21d IN	JURY OCCURRED	21e PLACE OF	INJURY		OCATION STREET	CITY OF	R TOWN	COUNTY
the state of	₹ WHE	T VORK	- 4	-4	Dur		0 21	2	07
A W	220.1	ertify/thot/(1) (this hos	andhaug ided phe	deceosed from	111	19	7, to 3/=	2	. 19.05
4 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	6	w the deceased alive a	n e body af	ter deoth.	and that	in (my) ( <del>our)</del> opinio	on death occurred on th	e date and he	our and from the
Per	12/5	TOSA	The t	7/1/10/	EGREI		/ FDICAL	CTASS	221. DAR
- P - P	4	1 1 2 1 1/1	11111	11/1/0/2		ATTENDING	MEDICAL :	STAFF	X/

Ka Kac Drive ION GIVEN IN PART 1(a Ob. IF YES, WERE FINDINGS USED LCERTIFYING CAUSES OF DEATH? YES [ NO [ VITEM 18, PART 1 OR PART 2) COUNTY STATE and haur and from the causes stated 23a BURIAL, CREMATION, REMOVAL STATE COUNTY COUDON PARKCEMHA 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6601 ADORESS BRIEY FUNERAL HOME FREDERICKITIVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH

2b. HOUR

**HOURS** 

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

AAIN

MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

FUNER, old be d b the Sto

William British Britis THE WALL OF THE 2 THE RESERVE OF THE PERSON The work of the state of the st The state of the s and the second of the second o THE WORLD AND SHOULD BE SHOULD BE

TO HOSPITAL OR ATTENDING PHISICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNCTAL DIRECTOR: After the confidence has been signed by the ottending physician and completely filled in by the formula and 2 should be filed with a state best of the formula fo

injury, ar other troumotic event, the

MPORTANT: If hem 21 is morked or them 18 shows ony

### STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTALITYGIENE

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60.000				

- STATE REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. NO	<b>D</b> .		2:40
I. DECEASED NAME (TYPE OR PRINT)	ANNE	Thomas	EMOR	AST Y		2a. DATE OF DEATH	8/8/	83	26. HOUR 144
Female	4. R.	White	5. DATE C	CAY	15°	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HR
70. BIRTHPLACE (STATE COUNTRY) N. C.	OR FOREIGN 7b. C	U.S.A.	MARRIE WIDOWI	D NEVER MARI	RIED '	9. BALTIMORE CITY O BALTIMORE		F DEATH	,
BALTIMORE	EATH 11.	NAME OF HOSPITAL, N IN NOT INSUCHEACHITY GIVE IN ION MEMOR	IURSING HOME	OR OTHER INSTITU	TION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O None		INDUSTRY	one
USUAL RESIDENCE (IF NO 130. STATE Maryland	ISB COUNTY Baltim	13c. CITY OF		13d. INSIDE CITY L	LIMITS?	13e STREET ADDRESS 6443 Blen	heim Ro	oad	21212
14. FATHER'S NAME FIRST Josep	h Mor	tier Arms	trong		lli-Ro	osa MIDDLE			omas
(YES, NO OR UNKNOWN)		R OR DATES)	18-2898	Anne E.		hter: ADDRE e, 603 W. 3		-	1211 o., MD
	mmediate oting the use last.	DUE TO, OR AS A CON  (b) DETA  DUE TO, OR AS A CON  (c)  DITIONS CONTRIBUTION	SEQUENCE OF	BREAST			DITION GIVEN	IN PART 1	year
190. DATE OF OPEN	RATION	19b. CONDITION FOR V	WHICH OPERATIO	DN WAS PERFORMI	ED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		NGS USED S OF DEATH?
OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR		RY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	
21d INJURY OCC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC )	211. LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
saw the dece	ased alive on	ottended the deceased		DEGREE ATTE	r) apinion o	mEDICAL STA	FF		that (I) (we) I couses stated
22d. PHYSICIAN'S	91	issing	,,	22e. ADDRESS		ORIAL HOSPI		1	
230 BURIAL, CREMATIO		3b. DATE		CEMETERY OR CRE		23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

etained by the hospital or offending physician.

THE STEWART & MOWEN CO., 108 W. North Ave.

matory Baltimore MD

15a DATE REC'D. BY REGISTRAR 25 OF GISTRAR'S SIGNOURE

AUG 1 6 1983

Feb. 12, 1915 Alfair baok minimis is tood n organ ama E. Moore, Well W. Still C., Beite. with 1/9/03 Grass Sound Crosscory Jakkinore;

Maraki - 10 30 00. 100 . 1014 432. 2.201

# moy be within 24 hours ofter death. Page: 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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notified of ance.

STATE OF MARYLAND

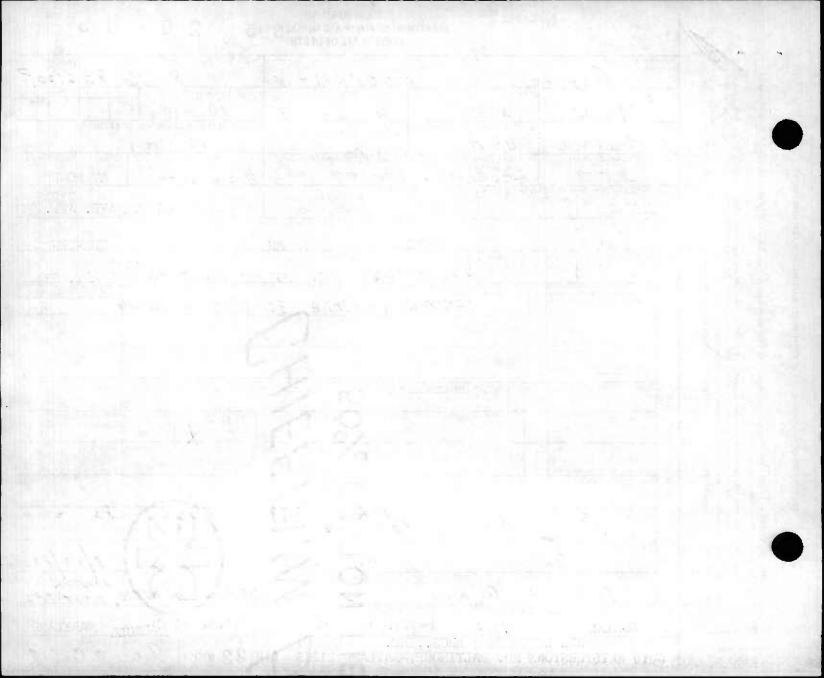
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1.	FOR STATE	DEPART	MENT OF I	HEALTH AND MENTAL HYC	SIENS 2	0 9	0 0	
	REGISTRAR				REG. NO			
I. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
,,,,,,	GUS518	>	ENI	SFLMAN	8	1/0	836	:20 PM
3. SE		4. RACE	IS DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		UNDER 24 HRS
0.00	4		MONT	H DAY YEAD	90	MONTH	S DAYS HO	OURS MIN.
	EMALE	WHITE	9	24 93		39 YRS.		
7a. 8	IRTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	EATH	
14	1thuania	USA	WIDOW		Dalto	CHY		MD.
10. C				OR OTHER INSTITUTION	120. USUAL OCCUPATIO		b. KIND OF BI	USINESS OR
	BALTIMORE	NOT IN SUCH FACILITY GIVE STREET	AGED	HOME	(TYPE OF WORK FOR MOST OF		AT HO	ME
0.050.0		Levandale		HOME	1110036 WI	re	AT HO	ME
130.5	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  TY 13c. CITY OR TOW	'N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS		2	1215
1	MARYLAND	BALTIMO	RE	YESXX NO	6804 PARK I	HEIGHTS	AVE. A	PT. T1
14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN NA				
1		WIDDLE LAST		FIRST	MIDDLE		LAST	
	EDWARD	HOPK		HANNAH	ADDRE:	t s	UNKNO	WN
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE:	(21215	)	
	NO	220-5	4-696	DAVID ENDE	LMAN 3615 FC	ORDS LAN	E APT.	214
	18. CAUSE OF DEATH (Enter only	the factor that are	al tax h	U DAG ID LIGHT	<u> </u>	1	APPROXIMAT BETWEEN ONSE	EINTERVAL
	PART I. DEATH WAS CAUSED	BY: TUROM	annal-	rolling ET	ining un	Whins?	BETWEEN ONSE	AND DEATH
	MAMEDIATE	E CAUSE (o)	1009	OICIVIA, GI	100041	Cyproth	_	
	12815	DUE TO, OR AS A CONSEQUE	ENCE OF					
	Conditions, if ony, which	(b)						
	gove rise to immediate couse (a), stating the				•		100	
	underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF					
		(c)						
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH 8U1	NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	ITION GIVEN IN	PART 110	
15			0050		Tan AUXODOV2	Table IF MEC AME	2014014770	11050
5	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	CAUSES OF	DEATH?
=					YES NOW	YES 🗌		10 🔲
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEAT			ROLL OF				
0	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211. LOCATION				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC )	STREET	CITY OR TOV	VN C	OUNTY	STATE
1	AT WORK NOT WHILE AT WORK				1			
	220.1 certify that \$ (this hospit	ol) attended the deceased from	4	30 19 79			13 , that	(we) lost
	saw the deceased alive on	8/16 10	83/0	nd that in (7 4) (our) opinion	death accurred on the do	te and heur and	from the cou	ses stoted
100	obove, ((we) (did) (day)	) view the body after death.	-	DEGREE		-	22c. DATE DIG	NED
	THE SIGNATURE CY. of	,		ATTENDING	MEDICAL STAF		III. DAIL DIG	10-
	un	n	/	PHYSICIAN [	DIRECTOR PHYSIC		8/1	183
1	224. PHYSICIAN'S NAME TTYPE OF	PRINT)	- 45	22e ADDRESS			Axam	20 1
	Tetkelle.	A O. KW		CEVINDAVE	HERREW GES	CIATURA	4	D. 74
72-	BURIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	1	1807	1116
230.	(SPECIFY)			JACOB CEM	FINKSBURG	CA. COL	INTY BEAT	STATE
	BURIAL  BURIAL	0/10/03				, KKOL		YLAND
24 F	UNERAL DIRECTOR SOL LE	1000000			TE REC'D. BY REGISTRAR	256. REGISTRAR	SIGNATURE	
6	010 REISTERSTOW	N RD. BALTIMORE	, MARY	LAND 2121\$ A	UG 2 2 1985	Jo an	- Se Ca	well

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



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FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGISME

M	REGISTRAR		CERTIFICATE	FUEATH	REG. NO.			
	1. DECEASED NAME FIRST Shiple	MIDDLE	ENDELMA				26 HC	DUR 29 = P_M-
	FEMALE	RACE WHITE	5. DATE OF BIRTH	1933 1933	5. AGE (IN YEARS LAST BIRTHD	YRS.	DAYS HOURS	ER 24 HRS
5	MARYLAND	USA	MARRIED NEVE	DIVORCED [	BALTIMORE CITY <u>OR</u> C		/H	MD.
4	BALTIMORE	1. NAME OF HOSPITAL, NUR UNION MEMORI	AL HOSPITAL	NSTITUTION I	170 USUAL OCCUPATION (1796 OF WORK FOR MOST OF W HOUSEWIF	ORKING LIFE) 12b. K INDU A	SIRY HOME	NESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR O: 130, STATE MARY LAND		MORE 13d. INSID		3615 FORIS L	A., APT.	214 #	21215
0	SAMUEL	GUILFORD		ER'S MAIDEN NAME	E MIDDLE		ovšky	
	160 WAS DECEASED EVER IN U.S. ARM (Y NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)		MANT MR. I 5 FORDS LA	DAVID ENDERM A. BALTO	)., MD	214 21215	
7	Conditions, if only, which gave rise to immediate cause rise to immediate cause rise to include the underlying cause fost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTIVE TO, OR AS A CONSECUTIVE TO	QUENCE OF	SEATER WITE SERVICE	28e AUTOPSYT	OL IF YES, WERE F	INDINGS US USES OF DE	ATH?
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	A NO SOULINGS OF THE REAL	D (switch shados on regular)	YES []	NO 41 7)	
	214 INJURY OCCURRED	Ne. PLACE OF INJURY (ATMOME STREET, FACTORY, OFFI	The None	0 0	Mag /	CO.		STATE
	278.1 certify that (1) this hospits saw the deceased alive and obove, (1) (wei/did) (did ob)  278. SIGNATURE  278. PHIE ICIANIS NAME THE SIGNATURE  1 TOM	March 10	34-41	- 17-2-	TO TO THE STAFF OR	1112		(well) last stated
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG. 21, 1983	BALTIMORE HI		RETSTERST	OWN BAL	то.	MD <sup>ε</sup>
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DHMH - 16 50M 4/82

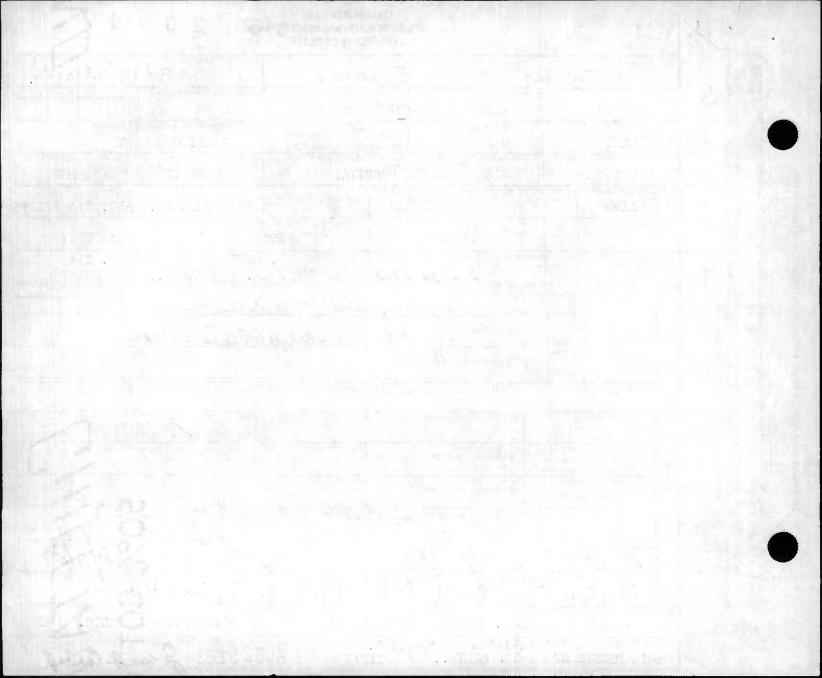
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TO FUNERAL DIRECTOR, After

(VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

AUG 2 5 1983



BP.

DHMH - 16 50M 4/B2

(VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 m retained by the haspital or ottending physician.  TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral without be detached for use as the builar-branis permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.  IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumotic event, the medical examiner must be notified at other		MALE
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H		220.1 certify that	this hasp				-11	19 6	1_, to	-26	. 19	23	that (1) (we) last
		sow the sleep	used files on	view the body	after death	83.0	nd that in my	(aur) apinion	death occurred an	the date and l	hour and	fram the	causes stated
	- 40	126 SIGNATURE	10	11	arren dedirir.		DEGREE				1	220 DATE	SIGNED
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		22d. PHYSICIANS	NAME (TYPE	OR PRINT)			22e ADDRE	SS					
		HIROSHI	NAKAZA	WA, M.D			33	50 WILK	ENS AVENU	JE, 212	229		
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AUG 2 9 1983 24 FUNERAL DIRECTOR 21229 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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. DEC	CEASED NAME Marian	м	NIDDLE	Epi	fanio	20 DATE OF DEATH		AY YEAR	26. HOUR
(TYPE	OR PRINT) MALIAN	Eliza	beth		FANIO	Aug. 14.	1983		9:004
3. SEX		I. RACE W	hite	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HR
2	Female	CAUCAS		MONTH	25 1918	64	YRS.	ONTHS DAYS	HOURS MIN
15			VHAT COUNTRY?	0		9. BALTIMORE CITY		OF DEATH	
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10. CI	1714	NAME OF H	IOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION		F BUSINESS C
6	3ALTIMOR /		MEMO	1 -	Hosp.	HOMEMAK		INDUSTRY	_
USUA	AT RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION O	GIVE RESIDENCE BEFORE	E ADMISSION)				1	
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1	Thomas Wi	lliam	Clark		Mary	Glad	vs	7 T1	acey
lán V	VAS DECEASED EVER IN U.S. ARA		165 SOCIAL SECU		17 INFORMANT		RESS		3
No		WAR OR DATES)	2180728	169	Angelo V. I	Epifanio, 2	2323 Co	x Rd.	. 21084
110	18 CAUSE OF DEATH (Enter onl)				11119010	<u> </u>			MATE INTERVAL
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	Pheum RAS A CONSEQUE	ENCE OF	malignant et				
ATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C.  Drug Depe	DUE TO, OR  (c)  ONDITIONS CO	R AS A CONSEQUE  Pheum  R AS A CONSEQUE  DITRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERM			N IN PART 10	
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DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, I and 2 should be filed within 3 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

J. E. Lowell Lemmon, 10 W. Padonia Rd.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

retained by the hospital or attending physician.

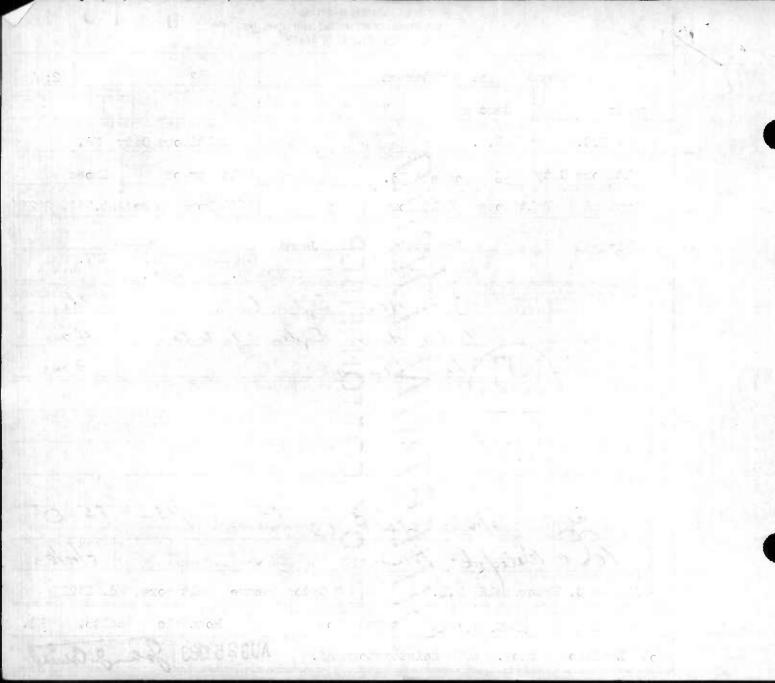
BP DHMH-16 30M 2/80 (VRA 15, 4) FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Cim	0		

3.	DECEASED NAME (TYPE OR PRINT)	fest <b>[arianne</b>		IDDLE		LAST	20 DATE OF DE		DAY YEAR	26 HOUR
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,			4. RACE		5. DATE C		6 AGE (IN YEARS	(AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 H
	Female		Cauca		771	0/25 YEAR	58	YRS		
70	O. BIRTHPLACE (STATE	OR FOREIGN		VHAT COUNTRY?	8. MARRIE	D V NEVER MARRIED	9 BALTIMORE	_		
4	Wash.,D.C		U.S.	Annual Control of the	WIDOWE				ity, Md.	
0	Baltimor	e City	OF Ma	Sefield	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Salespe	MOST OF WORKING	INDUSTRY Shoe	S BUSINESS
5 13	usual residence (# 13a state <b>Marylan</b> d	13b. COUN	TY REPORTED THE TOTAL OF THE TO	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltim	ADMISSION) N OTE	YES X NO	3615 Fo	rds Lane	e,Apt.71	1, 212
14.	4. FATHER'S NAME	M	AIDDLE	LAST	V	15. MOTHER'S MAIDEN N	AME	IDDLE	LAS	ST.
6	Niekas	Wick	201	Bernste	in	Jennie			rman	
1 16	60. WAS DECEASED E	VER IN U.S. ARA	WAR OR DATES!	166. SOCIAL SECU			MISHEL B	ERNSTEIN	N APT.	D
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										-
	117	GIMMEDIATE				0				/
	162	9 MMEDIATE		AS A CONSEQUE	NCE OF	0 1	7.4		1	,0
	/ G Z	gony, which		as a conseque	NEW	our System	meta	tous	4	mo
	gove rise to	ny, which	DUE TO, OR	Central	Neu	vous System	meta	tay	4	mo
		ony, which immediate acting the	DUE TO, OR	AS A CONSEQUE	Neue NGOF	2011	meta	ton	3	yes yes
	gove rise to couse (o), si underlying co	ony, which immediate oting the buse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	Central AS CONSEQUE	New Core	unm		tous	3	YRS
4	gove rise to couse (o), si underlying co	ony, which immediate oting the buse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	Central AS CONSEQUE	New Core	2011		tous	GIVEN IN PART 16	YRS
A STATE OF THE PARTY OF THE PAR	gove rise to couse (o), si underlying co	ony, which immediate oting the ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	Central  AS A CONSEQUE  MIRIBUTING TO E	New Care DEATH BUT	I NOT RELATED TO THE TER	MINAL DISEASE OF			YES
9	gove rise to couse (o), si underlying co	ony, which immediate oting the ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	Central  AS A CONSEQUE  MIRIBUTING TO E	New Care DEATH BUT	unm	MINAL DISEASE OF	7? ZOB. IF Y	ES, WERE FINDIN	NGS USED OF DEATH?
9 indiana	gove rise to couse (o), si underlying co	ony, which immediate oting the ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	CENTIAL  AS CONSEQUE  NIRIBUTING TO D  TION FOR WHICH	New Care DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	7? ZOB. IF Y	'ES, WERE FINDIN TIFYING CAUSES YES	YAZS
F 40	PART 2. OTHER S  19a. DATE OF OPI  21a. ACCIDENT WAS	ony, which immediate oting the ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  196. CONDIT	CENTIAL  AS CONSEQUE  NIRIBUTING TO D  TION FOR WHICH	New OF CARE DEATH BUT	I NOT RELATED TO THE TER	MINAL DISEASE OF	7? ZOB. IF Y	'ES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH?
F 40	PART 2. OTHER S  19a. DATE OF OPI  21a. ACCIDENT WAS	ony, which immediate oting the ouse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  196. CONDIT	CENTRAL  AS CONSEQUE  TION FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA	New OF CARE DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	7? ZOB. IF Y	'ES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH?
	PART 2. OTHER S  19a. DATE OF OPI  21a. ACCIDENT WAS	SIGNIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  ON DITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C	AS CONSEQUE  INTRIBUTING TO E  TION FOR WHICH  TION FOR WHICH  TINJURY  A.  DE INJURY	OPERATIO  AY YEAR  19	I NOT RELATED TO THE TER	MINAL DISEASE OF  200. AUTOPSY  YES NO  RRED (ENTER NATURE	20b. IF Y IN CERT OF INJURY IN ITEM 16	YES, WERE FINDING CAUSES YES  B PART I OR PART 2)	NGS USED OF DEATH?
	Gover rise to couse (a), s' underlying couse (b), s' underlying couse (b), s' underlying couse (b) and the couse (b) and	CAUSE OF DEAT	DUE TO, OR  (b)  DUE TO, OR  (c)  ON DITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C	CENTRAL  AS CONSEQUE  NTRIBUTING TO E  TION FOR WHICH  FINJURY  A. MONTH DA  A.	OPERATIO  AY YEAR  19	I NOT RELATED TO THE TER	MINAL DISEASE OF  200. AUTOPSY  YES NO  RRED (ENTER NATURE	7? ZOB. IF Y	'ES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH?
/ //	PART 2. OTHER S  19a. DATE OF OPI  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OCC WHILE AT WORK  A WORK	CAUSE OF DEAT  WEDICAL EXAMINER;  UNDERLYING CAUSE OF DEAT  WEDICAL EXAMINER;  UNDERLYING CAUSE OF DEAT  WEDICAL EXAMINER;  URRED  TO WORK	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  TION FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  LET, FACTORY, OFFICE, F.	DEATH BUT  OPERATIO  AY YEAR  19  ARM. ETC.	I NOT RELATED TO THE TER ON WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET	MINAL DISEASE OF  200. AUTOPSY  YES NO  RRED (ENTER NATURE	20b. IF Y IN CERT OF INJURY IN ITEM 16	YES, WERE FINDIN TIFYING CAUSES YES 8 PART I OR PART 2)	YES  NGS USED  OF DEATH?  NO   STATE
1 4	PART 2. OTHER S  19a. DATE OF OPI  71a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTHY 21d. INJURY OCC AT WORK AT WORK 22a. I certify tho	ERATION  SUNDERLYING CAUSE OF DEAL EXAMINER;  TWHILE WORK  (1) his hospite	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	CENTRAL  AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  A. MONTH DA  A.  PERFECTORY, OFFICE, F.  Cedeceosed from  Cedeceosed from	DEATH BUT  OPERATIO  AY YEAR  19  ARM. ETC.	I NOT RELATED TO THE TER ON WAS PERFORMED  21t. HOW INJURY OCCU  21t. LOCATION  STREET	MINAL DISEASE OF  200. AUTOPSY YES NO RRED (ENTER NATURE	20b. IF Y IN CERT OF INJURY IN ITEM 16	YES, WERE FINDING TIFYING CAUSES YES  B PART I OR PART 2)  COUNTY  19	NGS USED OF DEATH? NO   stati
1 4	PART 2. OTHER :  19a, DATE OF OPI  21a, ACCIDENT WA: 00 CONTRIBUTING (IF EITHER, NOTIFY 21a, I certify tho Sow the deg	ERATION  CONDERLYING CONDERLYING CONDERLYING CAUSE OF DEAT  MEDICAL EXAMINER)  CURRED  TO WHITE CONDERLYING CONDER	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceosed from  119	DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.	I NOT RELATED TO THE TER ON WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  19  10  11  11  12  13  14  15  16  17  18  19  19  10  10  10  10  10  10  10  10	MINAL DISEASE OF  200. AUTOPSY YES NO RRED (ENTER NATURE	20b. IF Y IN CERT OF INJURY IN ITEM 16	COUNTY  19  20  20  20  20  20  20  20  20  20  2	NGS USED OF DEATH? NO
F 40	GOVE rise to cove (o), s' underlying ce unde	RATION  CAUSE OF DEAL MEDICAL EXAMINER)  UNDERLYING  CAUSE OF DEAL MEDICAL EXAMINER)  URRED  TWHILE WORK  (I) his hospite resed alive on	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  198. CONDIT  118. TIME OF HOUR A.A.  P.A.  21e PLACE C (AT HOME, STREE OI) offended the	AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceosed from  119	DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.	TNOT RELATED TO THE TER ON WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  19  nd that in (my) our) opinio  DEGREE	MINAL DISEASE OF  200. AUTOPSY YES NO RRED (ENTER NATURE	20b. IF Y IN CERT OF INJURY IN ITEM 16 TY OR TOWN	YES, WERE FINDING TIFYING CAUSES YES  B PART I OR PART 2)  COUNTY  19	NGS USED OF DEATH? NO
F 40	PART 2. OTHER :  19a, DATE OF OPI  21a, ACCIDENT WA: 00 CONTRIBUTING (IF EITHER, NOTIFY 21a, I certify tho Sow the deg	RATION  CAUSE OF DEAL MEDICAL EXAMINER)  UNDERLYING  CAUSE OF DEAL MEDICAL EXAMINER)  URRED  TWHILE WORK  (I) his hospite resed alive on	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  19b. CONDIT  A.A.  P.A.  21e PLACE C  (AT HOME, STRE	AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceosed from  119	DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.	I NOT RELATED TO THE TER ON WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  nd that in (my) our) opinio  DEGREE	200. AUTOPSY YES NO RRED (ENTER NATURE	7?   ZOB. IF Y IN CERT	COUNTY  19  20  20  20  20  20  20  20  20  20  2	NGS USED OF DEATH? NO   STATE those (II) we) couses stoted
.0	PART 2. OTHER :  19a, DATE OF OPI  21a, ACCIDENT WA: 00 CONTRIBUTING (IF EITHER, NOTIFY 21a, I certify tho Sow the deg	ERATION  CONDERLYING CONDENS  CONDERLYING CONDENS  CONDERLYING CONDENS  CON	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceosed from  119	DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.	I NOT RELATED TO THE TER ON WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  nd that in (my) our) opinio  DEGREE	MINAL DISEASE OF  200. AUTOPSY YES NO RRED (ENTER NATURE	7?   ZOB. IF Y IN CERT	COUNTY  19  20  20  20  20  20  20  20  20  20  2	NGS USED OF DEATH? NO   STATI
.0	GOVE rise to couse (o), s' underlying (o), s'	ERATION  CONDERLYING CONDENS  CONDERLYING CONDENS  CONDERLYING CONDENS  CON	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  TON FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceosed from  ther death	DEATH BUT  OPERATIO  AY YEAR  19  ARM, ETC.	21c. HOW INJURY OCCU 21f. LOCATION STREET  nd that in (my) our) opinio  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200. AUTOPSY YES NO RRED (ENTER NATURE	7?   ZOB. IF Y IN CERT	COUNTY  19 22c. DATE	NGS USED OF DEATH? NO STATE that 1 we) couses stated SIGNED
1 Victoria	PART 2. OTHER STORE OF OPINION OF CONTRIBUTING	C. Wate	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  AS CONSEQUE  TION FOR WHICH  TO BE TO B	OPERATIO  AY YEAR  19  ARM. ETC.	TNOT RELATED TO THE TER  ON WAS PERFORMED  21t. HOW INJURY OCCU  21t. LOCATION STREET  19 Ind that in (my) our) opinio  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  900 Caton A	MINAL DISEASE OF  200. AUTOPSY YES NO RRED (ENTERNATURE  CIT  MEDICAL DIRECTOR 1	7?   ZOB. IF Y IN CERT	COUNTY  19 22c. DATE	NGS USED OF DEATH? NO STATE that 11 we) couses stated
/ Indiana	GOVE rise to couse (o), s' underlying (o), s'	ERATION  SUNDERLYING CAUSE OF DEAT  MEDICAL EXAMINER  TO HAME CAUSE OF DEAT  MEDICAL EXAMINER  TO HAME  ON AME (TYPE OR  C. Wate	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A. P.A.  21e PLACE C (AT HOME, STRE	AS CONSEQUE  AS CONSEQUE  TION FOR WHICH  FINJURY  A. MONTH DA  A. MONTH DA  DE INJURY  ELE, FACTORY, OFFICE, F.  There death  19  136. N	OPERATIO  AY YEAR  19  ARM, ETC.	21c. HOW INJURY OCCU 21f. LOCATION STREET  nd that in (my) our) opinio  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	Z00. AUTOPSY YES NC RRED (ENTER NATURE  CIT  MEDICAL DIRECTOR E	20b. IF Y IN CERT OF INJURY IN ITEM 16 TY OR TOWN TY OR TOWN STAFF PHYSICIAN   1 timore	COUNTY  19 22c. DATE	NGS USED OF DEATH? NO  stati



page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL YGIENE
CERTIFICATE OF DEATH

2 0

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAUSY CERTIFICATE OF DEATH	GIEBE 2 0	9
T. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR P
(TYPE OR PRINT)	OBERT ARTHUR	EUBAR	AUGUST 10.	1983 10:13
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	May 9 1939	43 YRS	MOITING DATA THOURS MINT.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	A BALTIMORE CITY OR COLLA	
Vermont	U. S. A.	WIDOWED DIVORCED	- I DATESTMODE (	CITY
O CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE	THE JOHNS HOP	KINS HOSPITAL	Engineer	Johnson Nur Hm
13a. STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	(N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	rles Marbury	YES NO V	P 0 Box 73	Zip: 20658
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAŜT
Clarence	Joseph Eubar	Frances	M	White
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
Unknown	042-30-9	823 Lillian Mea	de P. O. Box 73	Marbury, Md. 20658
	DUE TO, OR AS A CONSEOU  (c) SUBAR  CONDITIONS CONTRIBUTING TO	NSTON ENCE OF A CHNOTO HEMO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION (	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  OF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	EATH HOUR A.M. MONTH D.	AY YEAR 19 216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	
WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive o	pital) attended the deceased from	, and that in (my) (aur) apinia	n death accurred on the date and h	
22b. SIGMATURE	estion	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/83
22d PHYSICIAN'S NAME (TYPE	V6STROM	JOHNS	N. WOLFE ST'	BALTO: 05, MD.
230. BURIAL, CREMATION, REMOVA	23b. DATE 23c. (	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Cremation	08/14/83 Le	ee Crematory	The same of the sa	ince Geo. Md.
24 FUNERAL DIRECTOR	ADDRESS	25a. D		ISTRAR'S SIGNATURE
The Arehart Fune		a Plata, Md.	MOO 1 9 1903	- Country

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Turke State of the Control of the Co THE ATOMITY PUNCTURE LIVERS, LICE, M. L. L. T. T. J. C.

20M 4/82

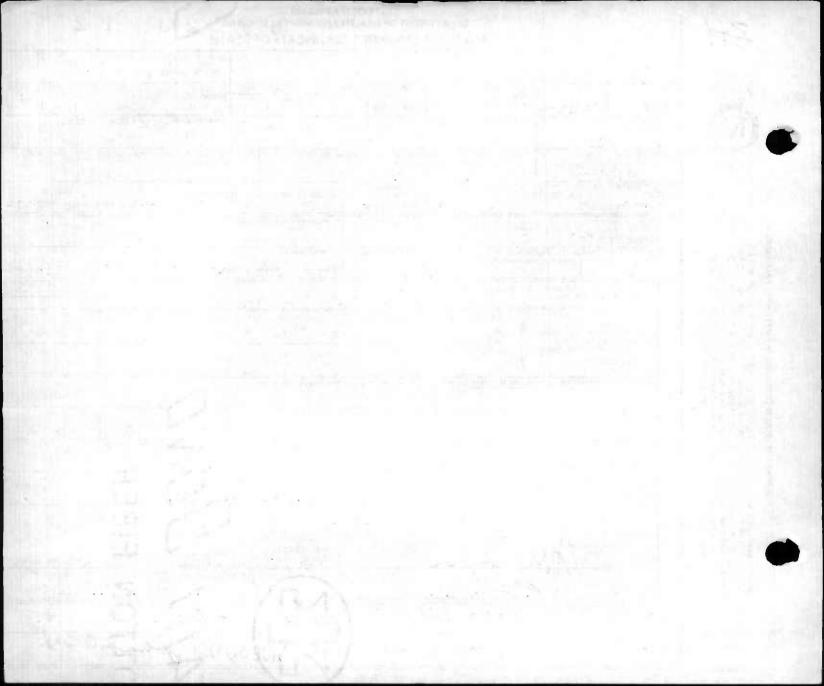
PLEASE FCTOR. R FILES. HOURS

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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60	U	.3	8	6
	DEC	NO		

11-	FOR STATE REGISTRAR		M	DEPARTA EDICAL I	MENT OF H	EALTH A	AND MENTAL H	HYGIENI DF DEA	TLI	O 9		2	
1. DE	CEASED NAM	ME FIRST		WIDDLE		LA			26. DATE KNO	WN D	MONTH	DAY YEAR	2b. HC
(	E ON TREATY	JAMES	5	R.		EUD			DEATH MA	TED X	8 2	23 19 83	
3. SEX	Х	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR:	RS IF UND	ER 1 YR. IF UNDER		2c. DATE PRONOUNCED		MONTH	DAY YEAR	12:
	Male	White	12 11	35	48 YRS	M.S. TITLE	DATS HOURS		DEAD		8 2	25 1983	
	IRTHPLACE (		76. CITIZEN OF V	VHAT COUN	TRY?	MARRIE	NEVER MARR	HED X	9 BALTIMORE	CITY OR C	COUNTY	OF DEATH	
N.	. Card	olina	U.S			WIDOWE	D DIVORC	CED 🗆	Baltim				
10 CI	ITY OR TOWN	OF DEATH	11. NAME OF HO		RSING HOME, (	OR OTHER	INSTITUTION	12e. USU FOR M	IAL OCCUPATION	ON (TYPE OF	WORK 12	OR INDUS	
		imore	2733 St		St.								
13a S	STATE	E (IF IN NURSING HOME O		13c. CITY	OR TOWN	13	Bd. INSIDE CITY LIMITS?		EET ADDRESS	n 1	1 C+		212
	Maryla			Ba	ltimor		YES X NO S		3 St.	Paul	L St	reet	212
(9 FA	FIRST	aniel	MIDDLE L.		idy		5. MOTHER'S MAID! FIRST	EN NAME	WIDOLE	_		LAST	
		ED EVER IN U.S. ARA			CIAL SECURITY I	NO.	7. INFORMANT		ΙA	DDRESS			
1,,	YES	OWN) (IF TES, GIVE Y	WAR OR DATES!	N/	/A		Garry Jo	e Ta	wney 1	107 W	V. 27	th St	ree
	18 CAUSE	OF DEATH (Enter onl	ily one couse per lii	ne for (o), (b)	), and (c).)							APPROXIMA BETWEEN ONS	TE INTER
	PARTIC	DEATH WAS CAUSED	TE CALISE (0) BI	unt fo	orce cr	anio-	cerebral	traun	na			BET WEET	LI Pring
	196	82	DUE TO, O		SEQUENCE OF								
	Conditi	ons, if any, which	(b)										
	couse (	o) stating the under-		R AS A CON	SEQUENCE OF	F							
	lying co	ouse last.	(c)										
Z	PART 2 OTHER	SIGNIFICANT CONDITIONS		H BUT NOT RELA	TEO 10 THE TERMIN	IAL DISEASE O	R CONDITION GIVEN IN PA	ART 1 (a).					
CERTIFICATION	19a. DATE C	OF OPERATION	19b. CONF	OITION FOR 1	WHICH OPERA	TION WAS	5 PERFORMED?					20 AUTOPS	Y?
IFIC											A 1	YES X	NO
ERT		NAL CAUSE WAS		OF INJURY		21c HOV	V INJURY OCCURRE	ED LENTERN	ATURE OF INJURY IF	N ITEM 18 PART	T I OR PART :		140
ALC		NG OR TING CAUSE OF D		.m. 8-23	DAY YEAR 3- 1983	Sub	ject was	beate	en.				
MEDICAL		OCCURRED	ZIE PLACE	E OF INJURY	LAT HOME,	211 LOCA	ATION	00010			1		
×	AT WORK	NOT WHILE	VI .	ACTORY, FARM, ET	C.)	273	3 St. Pau	il St.	. Balto	1	COUNT	TY	Md
		rtify that I took charge			ive, held on	Autopsy			Inquiry .		n my opini	lion	
	death resu	Ited fram: Natur	ral causes ,	Accident	, Suici		Homicide X	Undete	ermined manner	r 🔲.			
	100	/h.	. ()	_			TITLE (SPECIFY)						
1	ACTUAL SIGNATURE	-/AW	MA	200		M.D	Assista	nt MEDI	ICAL EXAMINE	R	DATE SIGNED.	8-25-	-83
	EXAMINER'S	TAIL TAILS	M. Dixon	. M.D.		Al	DDRESS111	Penn	St., B	Balto.	. , Md	1. 2120	)1
23a.P	JURIAL, CREM	ATION, REMOVAL 2	236. DATE	23c. N	NAME OF CEME			123d. LO	CATION				
B	URIAL		8/31/83	3 M	d. Vet	erar	cem.	Cr	ownsvi	lle,	COUNTY	M	d.
	UNERAL DIRE					100	25e. DATE	REC'D. BY	REGISTRAR 25	EGISTF	RAR'S GIG	NATURE A	4
Wm	ı C Ma	arch F/H	Inc. The	101 E	North	1 Ave	enue Al	JG30	1983	jour	~0~	30-3003	



FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DYGIENE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 2 9 1985

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).			
1. DECEASED NAME	FIRST	MIDDLE	1	AST		MONTH	DAY YEAR	2b. HOU	R
G Carenty	ene	C	6	EVADS		8	27 83	8:	46m
1.5EX /	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	
Male	Wh	ite	MONTH OF		57 915k14	YRS.		HOURS	MIN.
Te. BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY O				
West Virginia	U.S	.A.	WIDOWE		Baltimore	Citu	7.		MD.
LE-CITY OR TOWN OF DEAT	H 11. NAME C			OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126. KIND (		ESSOR
BAltonice	6000	SAM HAN	HK SA	5701 Luch	Master Plum				red
USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUT			A121 INISIDE CITY I IVITES				,	
Maryland	36 COUNTY	Baltimore		13d INSIDE CITY LIMITS?	3 2 26 M	land	Lamo A	ve 21	1234
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	Val	HUIL II		
Leslie	MIDDLE	Evans		Nellie	MIDDLE V.		Foley	ST	
160 WAS DECEASED EVER IN		? 166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE				
(YES, NO OR UNKNOWN)	WW II	220-18-73	182	Mrs. Ella R.	Fayette	Sena	e, N.C.	2830	)4
I CAUSE OF DEATH	Enter only one couse	per line for (a), (b), and	tiet)					CIMATE INTER	VAL
PART I. DEATH WA			. 1	Rolling				OHOL: ALL	J. A. I.
4100				Severe orter	sidezablein				
Conditions, if ony,		OR AS A CONSEQUE	TYCE OF	s disease					
gove rise to imme couse (o), stoting	diote	00.15.1.50.1550.15		Sovere orte	ri relevatic	occ	lingin		
underlying couse	lost.	70-90%	leli	Growly A. + 9	suplete occhi	Letro	-t		
PART 2 OTHER SIGN	167			NOT RELATED TO THE TERM				0	
Z O									
19a. DATE OF OPERATI	ON 196. CO	VDITION FOR WHICH	OPE RATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI		
Ħ					YES NO		TIFYING CAUSES YES []	NO [	
210. ACCIDENT WAS UNDE	tion time	E OF INJURY	WE LE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
OR CONTRIBUTING CA	OSE OF DEATH	A.M. MONTH DA	YEAR						
OR CONTRIBUTING CA	D 21e. PLA	CE OF INJURY		216. LOCATION	CITY OR TO	MN	COUNTY		STATE
NOT WHILE	8   3	, STREET, FACTORY, OFFICE, F.	ARM, ETC }	ZIMEET	CIII ON TO	****	Coolin	3	
	this hospital) attended	the deceased from_	U	. 19	, to		. 19	that (I) (v	we) lost
sow the deceased	olive on d) (did not) view the bo	1919	, 01	nd that in (my) (our) opinion	death occurred on the do	te and ha	our and from the	couses sto	oted
22b. SIGNATURE				DEGREE			22c. DATE	SIGNED	
mole	C. Yogash	wind	40	ATTENDING PHYSICIAN [	MEDICAL STAF				
22d. PHYSICIAN'S NA				22e ADDRESS		0			
BOHN C.	PAPADIMI	TRIOU A	AD	UMAB	- Haseital -	Yath	olega		
230. BURIAL, CREMATION, R	EMOVAL 236. DATE	23€. №	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
Burial	8-37	-83 M+	Car	me1	Arthur D	Test	Vircini		STATE

Baltimore, Md.

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

(VRA 15, 4)

The Control of the Co in the trade to the second المسالح المسالح

6	FOR 1 - STATE REGISTRAR	and the second s	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TAL HYGIENE
1	I. DECEASED NAME	FIRST	MIDDLE	LAST	2a. D
-679	(TYPE OR PRINT)		100 to 10		

2	0	9	4
(new			

- STATE REGISTRAR	and the second second			CERTIF	CATE OF DEA	TH	F	EG. NO.			
I. DECEASED NAME	FIRST		VIDDIE		(ST		20. DATE OF DE		25-83	YEAR	3:00
	MAR	Y	L.		EVANS			0-4			
3. SEX	4	RACE		5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER	1 YEAR DAYS	HOURS N
FeMale		Bla	ack	10		16	66	ΥΥ	RS.		
7a. BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MAR	DIED [	9 BALTIMORE	CITY OR COL	JNTY OF DE	ATH	
N. Carol	ina	U.S	.A.	WIDOWE			Balti	more	City,		
10. CITY OR TOWN OF			HOSPITAL, NURSIN	NG HOME C		TION	12a. USUAL OCC	UPATION	12b. I	CIND OF	BUSINESS
Baltimor	e		ch Home		oital		(TYPE OF WORK FOR	MOST OF WORK	ING LIFE) I IIAD	JSIKI	
USUAL RESIDENCE (IF N		THER INSTITUTION.		E ADMISSION)	13d. INSIDE CITY	LIMITS?	13e STREET ADD				
Maryland			Baltim	ore		0 🗍	3439 C	hesse	ell Ct	.21	226
14. FATHER'S NAME	M	DDLE	LAST		15. MOTHER'S M			IDDLE		LAST	
Spence			Mille	r	Ett				P	erk	ins
160 WAS DECEASED EV		ED FORCES?	166. SOCIAL SEC	JRITY NO.	17. INFORMANT			ADDRESS			120
NO NO	(IF YES, GIVE		215-22-	9851	Clayto	n Eva	ans 343	9 Che	ssell	Co	urt
PART 2. OTHER S.  19a. DATE OF OPEI  21a. ACCIDENT WAS	GNIFICANT CO		ONTRIBUTING TO				20a AUTOPS	Y? 20b.	IF YES, WERE	FINDIN	GS USED
21a, ACCIDENT WAS	INDERLYING [	21b. TIME O	F IN ILIRY		71r HOW IN IUI	RY OCCURE	YES N	OE IN INDEX IN ITE		PART 71	140 📙
OR CONTRIBUTION TO	CAUSE OF DEATH	HOUR A.	M. MONTH D				(0)				
(IF EITHER, NOTIFY M		P./ 21e. PLACE (		19	21f. LOCATION					-	
111111111111111111111111111111111111111	WHILE		EET, FACTORY, OFFICE,	FARM, ETC }	STREET		C	TY OR TOWN	COL	YTM	STAT
22a.1 certify that	(I) trus nosono	Dattended the	e deceased from_	8-23	-	19 83	, to 2	8-25-	19_8	3 ,	hat (I) we
sow the dec	did did not	view the hody	after death	, 01	d that in (my) (or	opinion o	death accurred a	n the date an	d hour and fr	om the c	ouses state
22b. SIGNATURE	F.	Now	emí	mr.	DEGREE ATTI	ENDING (SICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	18	DATE S	SIGNED
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS	CHURC	H HOSP	ITAL	CORPO		
DR. A.	F. NAZ	EMI M	.D.		100 N.	BROA	DWAY B	ALTIM	ORE, M	ARY	LAND
230. BURIAL, CREMATIO	N, REMOVAL	236. DATE 8/30	/83 P		EMETERY OR CRE		Ba 1 100		COUNT	Y	Mdia

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filted in by should be detached for use as the buriol-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be the should be better the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

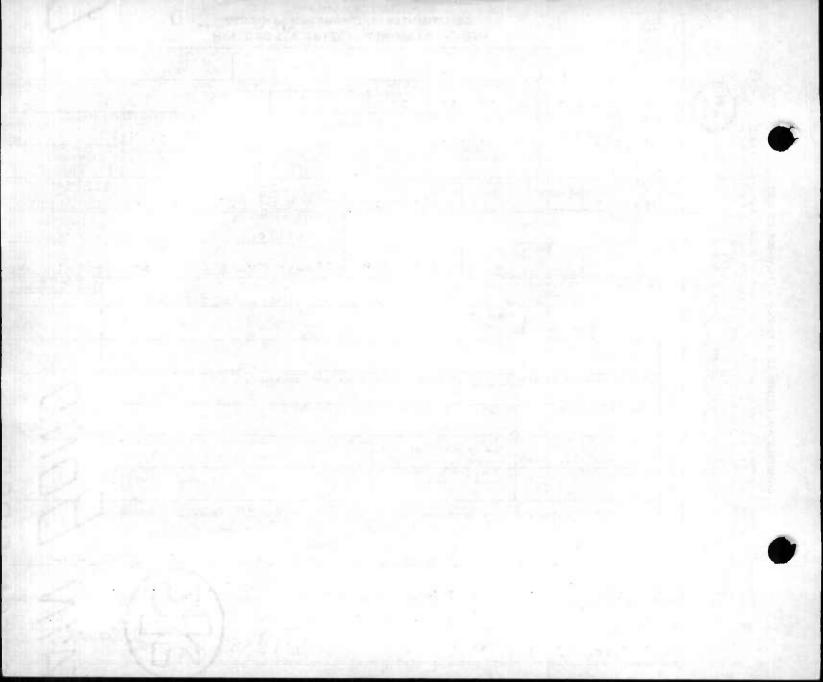
Wm CAME March F/H Inc. 1101 North Avenue

AUG 2 9 1983 Sound Company Com

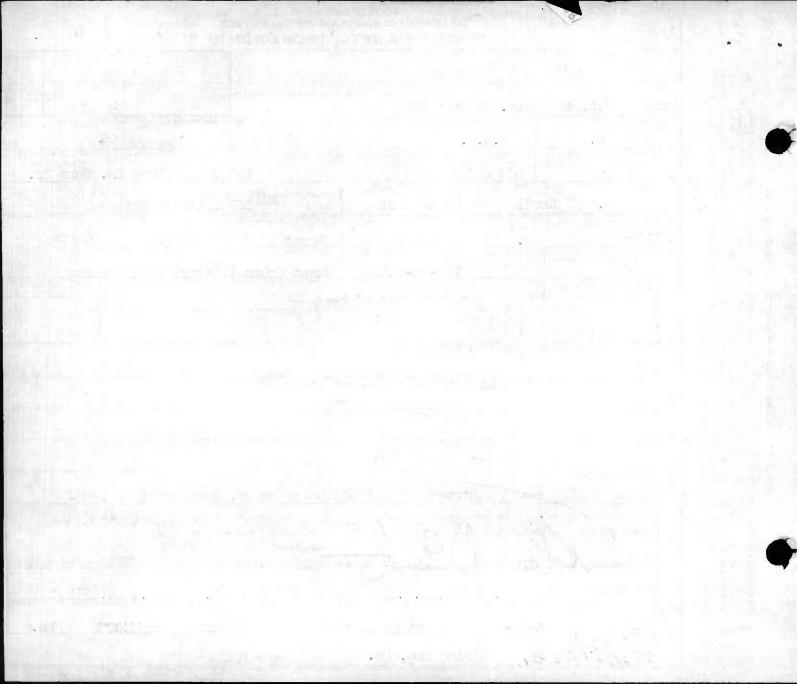
THE REPORT OF THE PROPERTY OF THE

20M 4/B2

11-3	FOR STATE REGISTRAR			EPARTMENT		MARYLAND I AND MENTAL CERTIFICATE	0	2 O	9   G. NO.	5	
	EASED NAME	FIRST		MIDDLE		LAST	2a.	DATE KNOW OF ESTI-	N X WON	TH DAY YEAR	2h HOUR
		WILLIE	F	RAY	E	VANS		DEATH MATE	D 0 8	11 1983	M
1. 5EX	4. RACE		ATE OF BIRTH		(IN YEARS IF UN			DATE	MÓNT	H DAY YEAR	2d HOUR
M	ale Bla	ick :	1 14	10 7	3 YRS.	HS DAYS HOURS	MIN PRO	DEAD	8	11 1983	6a M
FOR	RTHPLACE (STATE OR REIGN COUNTRY)  N. Caroli		U.S.		8. MARR	IED X NEVER MAI	RRIED L	Baltimore C	_	INTY OF DEATH	MD.
	ry or town of DEAT	1	NAME OF HOSP	ITAL, NURSING H LITY, GIVE STREET ADDI K Height	RESS)	IER INSTITUTION	12a. USUAL	OCCUPATION OF WORKING LIF	(TYPE OF WOR		SINESS
ISUA 13a. ST	L RESIDENCE (IF IN NURS	ING HOME OR OTHE	ER INSTITUTION, GIVE	RESIDENCE BEFORE AD 13c. CITY OR TOV Balti	OMISSION) WN	13d. INSIDE CITY LIMITS			k Hei	21215 ghts Ave	nue
4. FA	THER'S NAME	MID	-	LAST		15. MOTHER'S MA FIRST Hatt	DEN NAME	MIDDLE		Evans	
		IF YES, GIVE WAR O		16b. SOCIAL SEC		17. INFORMANT			RESS		
	NO			240-26		Gladys	Evans	4822	Park	Heights	
NOI	lying cause last. PART 2 ÖTHER SIGNIFICANT (						PART 1 (a).				
IFICA	190. DATE OF OPERAT	ION	19b. CONDITIO	ON FOR WHICH (	OPERATION W	AS PERFORMED?				2D AUTOPSY?	NO [X]
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING OF CAUSE 21d. INJURY OCCURRE WHILE NOT WAT WORK AT WORK	R AUSE OF DEATI	P.M.	MONTH DAY	YEAR	OW INJURY OCCUR		RE OF INJURY IN IT			STATE
	220. I certify that I to death resulted fram:	ZKK	V 1	ribed abave, held	an Autap	, Inspec	-	nquiry ,	and in my	apinian	
	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  JRIAL, CREMATION, RE/	Ann M. MOVAL 236. DA		M.D.	FICEMETERY	D. Assista	Penn St	.,Balt	o., Mc	1. 21201 Md ST	



17 1	1 - :	OR STATE REGISTRAR EASED NAME FIRST			CERTIFICATE OF	BEATH REG. N	
		OR PRINT) Neil	Kenneth		wing	2a. DATE KNOWN OF ESTI- DEATH MATED [	0/22/02-
1.	sex Ma.	4 RACE	5. DATE OF BIRTH 6. A	GE IN YEARS IF UI	NDER 1 YR. IF UNDER 2		8/23/83 19 T: 38
7	a. BIF	RTHPLACE (STATEOR SEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARE	RIED NEVER MARRIEI		or County of DEATH  ore City M
10	_	altimore /	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET) University Hosp	ADDRESS)	HER INSTITUTION	120. USUAL OCCUPATION (1Y) FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY  DE Co. Shoe Co.
	30. ST	ATE 1131 COUN	or other institution, give residence befor ITY 13a, CITY OR T Cil North I	EADMISSION) COWN EAST	13d. INSIDE CITY LIMITS? YES NO	3. STREET ADDRESS 505 Lakeside	Drive 2190/
ь		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	MIDDLE	Rakes
	60 W	AS DECEASED EVER IN U.S. AR	A. Ewil  MED FORCES? 16b. SOCIALS  WAR OR DATES)	SECURITY NO.	Norma 17. INFORMANT	Agnes Address	
	(10	S, NO. ORUNKNOWN)   IIF YES, GIVE	218-72	1825	Susan Bown	man(Sister) Sa	
Γ		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line for (a), (b), and BY: Gunshot we		hood		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	NO	couse (o) stoting the <u>underlying couse lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO		SE OR CONDITION GIVEN IN PART	1 (a).	
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED?		20 AUTOPSY?  YES X NO
7	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING AOR CONTRIBUTING CAUSE OF 214. INJURY OCCURRED		YEAR 19 83	OW INJURY OCCURRED Subject shot	(ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	ME	WHILE DOT WHILE AT WORK	Street	5	O5 Lakeside	Dr. North Eas	t Md.
		22s I certify that I took choosed death revealed from: 14/11/14/14/14/14/14/14/14/14/14/14/14/1	at the remains described above, h	signal L	Inspection Homicide TITLE (SPECIFY) A.D. Deputy Ch	Undetermined manner	nd in my opinion  DATE SIGNED 8/24/83
4		EXAMINER'S NAME Tho	mas D. Smith, M.			enn St., Balto	., Md. 21201
2	3a. BU	JRIÁL, CREMATIÓN, REMOVAL		OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
17	24. FL		3-25-1983   West	Notting	250. DATÉ RE	C'D. BY REGISTRAR 25b. REG	CILRXX Md.
ks					1 41115	1 × 1983 / 4	9.0



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 3 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burioth-transit penetric and physician and 2 should be filed in by with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.  WHOORTANT: If them 21 is marked or them/8 should any injury, or other troumotic event, the medical examiner myst be millined than
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHENE

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	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	WIDDLE	t.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(14	ANTHON	1X <del>-</del>	FAF	BY SR.		Aug s	5,1983	500 AM
3. S	EX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	монтн		82	YRS.	MONTHS DAYS	HOURS MIN,
76.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B.	_	9. BALTIMORE CITY		OF DEATH	
1	Md.	U.S.A.	WIDOWE	D NEVER MARRIED DIST DIVORCED	BALT	IMORE	CITY	MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	- 44	120. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
1	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE S' UNION MEN		IOSPITAL	Painter	OF WORKING LIFE	_	ainting
USI	UAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR 1						
130		Baltimore Bal		13d. INSIDE CITY LIMITS?	4111 E.	Joppa	Rd.	21236
p 14. F	FATHER'S NAME			15. MOTHER'S MAIDEN NA				-
11	Harry	MIDDLE LAST		Mary	MIDDLE		Lusk	
160.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL S		17. INFORMANT	ADDR	ESS		21236
1	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	3-5436	Anthony F	abv. Jr.	4109	E. Jo	ppa Rd.
-	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b					APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Conces		eart failure				eeks
	1000	DUE TO, OR AS A CONSE						
	Conditions, if ony, which		I fail	ane			1 0	eek
	gove rise to immediate couse (a), stating the	107					1	
	underlying couse lost.	DUE TO, OR AS A CONSE		Cancer / Me	tastatic)		64	eare
1	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	0
o Z								
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
Ē					YES NO NO		CAUSES	NO [
7 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF D	DEATH	19					
MEDICAL	21d INJURY OCCURRED	216. PLACE OF INJURY	rice rates from	211. LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE PARM, EIC )	0.000				
		spital attended the deceased from	and the second	19.53		, 1	19_83,	that (I) wolast
	sow the deceased alive of	on 85 not) view the body after death.	19 <u>83</u> , or	nd that in (my (our) opinion	death accurred on the o	date and hour	and from the	couses stated
	226. SIGNATURE	~ ~		DEGREE			22c. DATE	SIGNED
	James	D Dearn	- M	MATTENDING PHYSICIAN	MEDICAL STA		Hug	5 1483
	224. PHYSICIAN'S NAME (TYP	E OR PRINT)		220. ADDRESS			0	
	James D	, Spearman	am.	UNION M	MEMORIAL HO	SPITAL		
230	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	8/8/83	Morel	and Mem. Pa	ark Balto	Э.	COUNTY	Md. STATE
24.	FUNERAL DIRECTOR	unreral Home	Inc	250. DAT	E REC'D. BY REGISTRAL	STATE OF THE	RAR'S SIGNAT	THE
	9705 Belair	Rd. Balto.	MA 2	1236 AU	<b>69 198</b> 3	John	ud fi	afficiel !
	- ,		- 111111 - 6			4	THE PERSON NAMED IN	100

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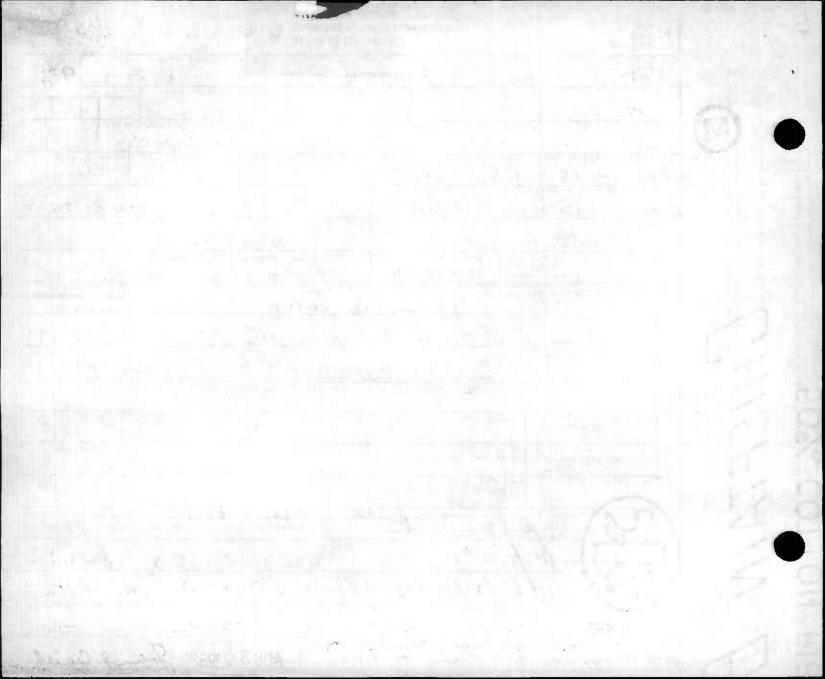
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pogreeioned by the hospital ar attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND ZIZOL	uires
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician.
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		FOR		JIMI	E OF MAN ND			
	1.	STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 2	0 7	1 8 8
	1. DEC	CEASED NAME FIRST	MIDDLE		LAST	26. DATE OF DEATH	MONTH DAY	YEAR 26. HOL
	1	PETTIE	Sue 7	-ARB	ER		8 29	83 9
	3. SE	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR		NDER I YEAR IF UNDER
		W.F.	$\omega$ .	MONT	H DAY YEAR	83	YRS.	THS DAYS HOURS
18	7a, 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	- 0	9. BALTIMORE CITY O		DEATH
14	Sec. 27.	OUNTRY)	U.S.A.		ED NEVER MARRIED	Ra1+im	ore Cit	7.1
6.		zorgia TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME		120. USUAL OCCUPAT		9 12b, KIND OF BUSIN
	R	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRI	LEET ADDRESS)	A-L	Sales lady	F WORKING LIFE)	Hechts C
35		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	inther institution, give residence ber NTY 13c. CITY OR TO imore Milfor	ORE ADMISSION)		130. STREET ADDRESS	ROYDON	0 Ro 212
	_	ryland Balt	unore littljoi	ч	YES NO CO	2010	709 000	0 /10 2/2
30	19.17	Edward Com	well LAST		EIRST	illa Dani	els	LAST
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANTMY . 1	Morris W. APA	rber	
		ves. no or unknown) (if yes, giv	220-09-	-0548	3615 Croudo	n Road Balt	imore.	MD. 2120
or o		Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECT  (b) A CUL  DUE TO, OR AS A CONSECT  (c) A G C C  CONDITIONS CONTRIBUTING T	QUENCE OF	nTERIOR I			8.25.8 IN PART 1(a)
2	RTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIC		200 AUTOPSY?	IN CERTIFYIN	ERE FINDINGS USE IG CAUSES OF DEA NO
Î	A CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	216. TIME OF INJURY	CH OPERATIO	21c. HOW INJURY OCCU		IN CERTIFYIN	ERE FINDINGS USE IG CAUSES OF DEA NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		21c. HOW INJURY OCCU	YES NO	IN CERTIFYIN	ERE FINDINGS USE IG CAUSES OF DEA NO
And The second of the second o	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 CE, FARM, ETC.)	216. HOW INJURY OCCU	YES NO	IN CERTIFYIN YES [ RY IN ITEM 18 PART	ERE FINDINGS USE IG CAUSES OF DEA NO
Andrew of the second of the se		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospins on the deceased alive on the deceased olive on the decease of the deceased olive on the de	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL) articles of the deceosed from	DAY YEAR 19 CE, FARM, ETC.)	21c. HOW INJURY OCCU	YES NO CONTRACTOR OF INJU	IN CERTIFYIN YES [ RY IN ITEM 18 PART WN 19	/ERE FINDINGS USE G CAUSES OF DEA NO [ I OR PART 2)
In them 21 is morked of them 10 show and in July		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospins on the deceased alive on the deceased olive on the decease of the deceased olive on the de	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 CE, FARM, ETC.)	216. HOW INJURY OCCU 216. LOCATION STREET  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	YES NO CITY OR TO CITY OR TO MEDICAL STA	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  19 ate and haur ar	/ERE FINDINGS USE G CAUSES OF DEA NO [ I OR PART 2)
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi sow, the deceosed olive on obodyce, (1) (we) (did) (dian)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (ital) ottended the deceosed from VIEW IN body offer death.	DAY YEAR 19 CE, FARM, ETC.)	21f. HOW INJURY OCCU 21f. LOCATION STREET  19 and that in (my) (our) opinion DEGREE  ATTENDING	YES NO CITY OR TO CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	IN CERTIFYIN YES [  RY IN ITEM 18 PART  WN  , 19.  ate and haur or	COUNTY  CERE FINDINGS USE G CAUSES OF DEA NO COUNTY  that (I) (i) d from the causes st
MACKING HEM 21 IS MORKED OF HEM TO STOOM HOLD IN THE STOOM HE STOO	WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHITE ATWORK NOT WHITE ATWORK NOT WHITE 22a.1 certify that (1) (this hospi sow, the deceosed olive on obote, (1) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN SYNAME (THE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  TO STREET, FACTO	DAY YEAR 19 CCE, FARM, ETC.)	216. HOW INJURY OCCU 216. LOCATION STREET  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  430. LOCATION	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  19.  ate and have or  FF	COUNTY  COUNTY
	WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a.1 certify that (1) (this hospi south of deceased alive on aboute. (1) (we) (did) (dia no 22b. SIGNATURE  22d. PHYSICIAN NAME (THE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  TO STREET, FACTO	DAY YEAR 19 CE, FARM, ETC)  M C G G R G R G R G R G R G R G R G R G R	216. HOW INJURY OCCU 216. LOCATION STREET  19 216. HOW INJURY OCCU 216.	YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  430. LOCATION	IN CERTIFYIN YES [ RY IN ITEM 18 PART  WN  19.  ate and have or  FF	COUNTY  COUNTY
	WEDICAL 230. E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WMIE NOT WHITE AT WORK AT WORK AT WORK 22a.1 certify that (1) (this hospi sow, the deceased alive on oboye, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN SNAME (THE 22d. PHYSICIAN SN	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  101) offended the deceosed from 19  23b. DATE  8-31-83	DAY YEAR  19  CE, FARM. ETC.)  M  C  T  C  T  T  T  T  T  T  T  T  T  T	216. HOW INJURY OCCU  216. HOW INJURY OCCU  216. HOW INJURY OCCU  217. LOCATION  19  218. ATTENDING PHYSICIAN  229 ADDRESS  CEMETERY OR CREMATORY  Ridge Cem.  250. D.	YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  430. LOCATION	IN CERTIFYIN YES [ RYINITEM 18 PART  WN  19. ate and have ar  FF   Jan   Jan    Le, Ball	COUNTY  COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)



the death centriale be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physician.

		FOR	
1	-	STATE	
		REGISTRAR	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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die		9		
DEC	NO			

6 1983

AUG 1

	ASED NAME FIRST	MIDE	DLE	LAST	20. DATE OF DEATH	ONTH DAY	YEAR 2b. HOUR
1. DECEAS	PRINT)				•		
	RONALI			LKNER JR.		1,1983	3:21
3. SEX		4. RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS	DAYS HOURS M
	MALE	BLAC		AUGUST 9,1983		YRS.	11 1
7a. BIRTHE		76. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR		EATH
MAR	RYLAND			WIDOWED DIVORCED	BALTIMORE	CITY	
10. CITY C	OR TOWN OF DEATH		SPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION		. KIND OF BUSINESS
BAL	TIMORE /		OHNS HOP	PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF W	/ORKING LIFE) IT 4 L	DUSTRY
USUALRI	RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIV	E RESIDENCE BEFORE AD	MISSION)			21216
	RYLAND	TY 13	BALT IMO		2727 FEN	WICK A	VE.
	ER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAST
RON	IALD	FA	ULKNER	ZELDĀ		JOHNS	ON
	NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 161	b. SOCIAL SECURIT		ADDRESS		
(123.	NO OR UNKING WITH	: WAR OR DATES,		ZELDA FAU	LKNER	ABO'	VE
go	Conditions, if ony, which gove rise to immediate to use (a), stating the underlying cause lost.	DUE TO, OR A	S A CONSEQUENCE S A CONSEQUENCE SLUCKER	cry insufficie	مدر		6)rth -
go co un	Conditions, if ony, which gove rise to immediate louse (a), stating the	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONDITIONS CON	S A CONSEQUENCE S A CONSEQUENCE TRIBUTING TO DEA	ory insufficie	200 AUTOPSY?	20b. IF YES, WER	PART IIO  EFINDINGS USED CAUSES OF DEATH?
go co un PAI	Conditions, if ony, which gove rise to immediate louse (a), stating the underlying cause lost.  ART 2. OTHER SIGNIFICANT C	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CON	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA	CE OF INCU-FICIE  CE OF  A BUT NOT RELATED TO THE TERM  PERATION WAS PERFORMED	200 AUTOPSY? 2	20b. IF YES, WER IN CERTIFYING YES []	E FINDINGS USED CAUSES OF DEATH? NO
CERTIFICATION 130°	Conditions, if ony, which gove rise to immediate ouse Io1, stating the underlying cause lost.  ART 2. OTHER SIGNIFICANT C	DUE TO, OR A  (c)  DUE TO, OR A  (c)  ONDITIONS CON:  19b. CONDITIO  11b. TIME OF IN HOUR A.M.	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA	CE OF INCUSTICE  CE OF	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES []	E FINDINGS USED CAUSES OF DEATH? NO
MEDICAL CERTIFICATION  Substitution  Substitution  MEDICAL CERTIFICATION  Substitution  Substitution	Conditions, if ony, which gove rise to immediate ouse (a), stating the underlying cause lost.  ART 2. OTHER SIGNIFICANT CO. DATE OF OPERATION  10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CON  19b. CONDITIC  11h HOUR A.M.  P.M.  21e. PLACE OF	S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA  ON FOR WHICH OF  NJURY MONTH DAY	CE OF INCU-FICIE  CE OF INCU-F	200 AUTOPSY? 2	ZOB. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO
PAI 190.  WEDICAL CAR 10.00 M.	Conditions, if ony, which gove rise to immediate to the course (a), stating the underlying cause lost.  ART 2. OTHER SIGNIFICANT CO.  D. DATE OF OPERATION  I. ACCIDENT WAS UNDERLYING CO.  R. CONTRIBUTING COUSE OF DEAL (IF EITHER, NOTHEY MEDICAL EXAMINER)  I. I. CERTIFY that (1) (this hospit sow the deceeped blive on above, (1) we yield id did not on above, (1) we yield id (did not on above, (1)) we yield id (did not on abo	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CON:  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M.  21e. PLACE OF (AT HOME, STREET,	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA  ON FOR WHICH OF  NJURY MONTH DAY  INJURY FACTORY, OFFICE, FARM  RECEOSED from	CE OF  CE OF  A PAUT NOT RELATED TO THE TERM  PERATION WAS PERFORMED  YEAR  19  211. LOCATION  STREET  32. and that in (my) (aur) apinion	200 AUTOPSY?  YES X NO 1  RRED (ENTER NATURE OF INJURY I	20b. IF YES, WER IN CERTIFYING YES  IN ITEM 18 PART I OF	EFINDINGS USED CAUSES OF DEATH? NO
PAI CERTIFICATION  MEDICAL CERTIFICATION  19c. 21d. 21d. 22d. 22d.	Conditions, if ony, which gove rise to immediate the immediate to immediate the immediate to immediate the immediate to immediate the immedi	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CON  19b. CONDITIO  19b. CONDITIO	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA  ON FOR WHICH OF  NJURY MONTH DAY  INJURY FACTORY, OFFICE, FARM  RECEOSED from	CE OF INCUMENCE  CE OF	200 AUTOPSY?  YES X NO 1  RRED (ENTER NATURE OF INJURY I	20b. IF YES, WER IN CERTIFYING YES  IN ITEM 18 PART I OF	EFINDINGS USED CAUSES OF DEATH? NO
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Conditions, if ony, which gove rise to immediate ouse Io1, stating the underlying cause Iost.  ART 2. OTHER SIGNIFICANT CO.  D. DATE OF OPERATION  O. ACCIDENT WAS UNDERLYING CAUSE OF DEA CHE ETHER, NOTIFY MEDICAL EXAMINER; ALL WORK NOT WHILE WORK NOT WHILE WORK OF THE CONTROL	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CON:  19b. CONDITIONS  ONDITIONS CON:  19b. CONDITIONS  (AI MOME, STREET, OR AI MOME, AI MOM	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA  NJURY MONTH DAY  INJURY FACTORY, OFFICE, FARM  INCLUDED TO THE CONSEQUENCE  IN THE CONSEQUENCE  I	CE OF  CE OF  CE OF  AL BUT NOT RELATED TO THE TERM  PERATION WAS PERFORMED  YEAR  19  211. LOCATION  STREET  212. ADDRESS  DHUS M.  122. ADDRESS	200 AUTOPSY?  YES X NO   YES X NO	20b. IF YES, WER IN CERTIFYING YES  IN ITEM 18 PART I OF	DUNITY STATE  Trom the couses stated  22. DATE SIGNED  4 10 4 3
PAI POLAT CERTIFICATION AMEDICAL CERTIFICATION (1) 21d (2) 27d	Conditions, if ony, which gove rise to immediate the immediate to immediate the immediate to immediate the immediate to immediate the immedi	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITIONS  CONDITIONS  19b. CO	S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  S A CONSEQUENCE  TRIBUTING TO DEA  NJURY MONTH DAY  INJURY FACTORY, OFFICE, FARM  INCLUDENCE OFFICE, FARM  INTURY  FACTORY OFFICE, FARM  INTURY  FACTORY OFFICE, FARM  102  103  103  103  103  103  103  103	CE OF  CE OF  CE OF  A PRUT NOT RELATED TO THE TERM  PERATION WAS PERFORMED  YEAR  19  211. LOCATION  STREET  212. ADDRESS	200 AUTOPSY?  YES X NO   RED (ENTERNATURE OF INJURY I  CITY OR TOWN  CITY OR TOWN  A STAFF  DIRECTOR PHYSICIA  PKINS NOSP  23d. LOCATION	20b. IF YES, WER IN CERTIFYING YES  IN ITEM 18 PART I OF	DUNITY STATE  Trom the couses stated  22. DATE SIGNED  4 10 4 3

ADDRESS

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the build-transit permit. Then please remove carbon papers, loges 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

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I DESCRIPTION OF THE PROPERTY OF THE PROPERTY

Art Victoria Control

A.--

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filed will with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event,

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20920

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
	EASED NAME FIRST  GABRIFLI  GABRIFLI	0	G.	FAZZU	IOT.T	AUGUST 1		YEAR 26 HOU 11:	
3. SEX		4. RACE WHIT		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE			M
M an	THPLACE (STATE OR FOREIGN	76. CITIZEN OF		INTRY2 8	D NEVER MARRIED	9. BALTIMORE CITY S	OR COUNTY OF DE	ATH	MD
	Y OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIV	NURSING HOME OF STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST ROLLER	OF WORKING LIFE) INDI	KIND OF BUSINE USTRY TEEL MFG	
130 ST	L RESIDENCE (IF NURSING HOME ATE 134: CO MARYLAND BY	OR OTHER INSTITUTION JUNTY LITO.	13c. CITY O		13& INSIDE CITY LIMITS? YES NO 💢	13e. STREET ADDRESS 278 ST.	HELENA AVI	E. 2122	22
	HER'S NAME SILVIO	MIDDLE	FAZZU	OLI	15. MOTHER'S MAIDEN NA	UNKNOW		LAST	
W IYE	AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) (IF YES, (	ARMED FORCES? GIVE WAR OR DATES)		07.9263		VIA CROOKS	AND 2122		
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  9a DATE OF OPERATION	(c)	ALE CONTRIBUTION		NOT RELATED TO THE TERM		20b. IF YES, WERE	FINDINGS USEL	
CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME (	OF INJURY		21c HOW INJURY OCCUR	YES NOTE NOTIFE OF INJ	IN CERTIFYING C	NO [	
MEDICAL	OR CONTRIBUTING CAUSE OF I  (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIWHIE SOUND  AT WORK  22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)  STATE  22 FHYSICIAN'S NAME (U)	PEATH HOUR A F PLACE (AT HOME, S PLACE)  Proprietely ottended to proprietely view the body	A.M. MONT P.M. E OF INJURY TREET, FACTORY.	OFFICE, FARM ETC.)  from 19	211. LOCATION STREET  19  19  19  19  19  DEGREE  ATTENDING	CITY OR TO	lote and hour and fr	J, that (I) (	,
	JRIAL, CREMATION, REMOVA	AL DIN DATE	W.	23¢. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1230		
	JRTAL	8/15/	1983		WN CEMETERY	BAT TTMO	RE.	MARYT	AND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

WALTER BROOKS BRADLEY, INC., DUNDALK MD 21222

25AUBRECT BY BOTTRARY STREET STREET STREET

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N/C

mpletely filled in by the funeral direc and 2 should be filed within 72 hours

injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is marked or Item 18 shows any

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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in	U	3	600	

	199	REGISTRAR			CERTI	FICATE OF DEATH	REG. NO	5.		
		CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	Y YEAR	2b. HOUR
	{TYPE	OR PRINT)	Ka	therine		Feige	August	5, 198	3	2 A M
	3. SE	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	
	1	Female	Whit	е	Ap	ril 4, 1906	77	YRS.	NIHS DAYS	HOURS MIN.
C	7a. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIS	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH	
1		Maryland	U.S		WIDOW	ED DIVORCED	Baltimo		У	MD.
1	10. CI	Baltimore		HOSPITAL, NURSIN HEACILITY, GIVE STREET ALL NURSI		or other institution  ome	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	F WORKING LIFE)	12b. KIND ( INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4010 Wood	lea Av	e. 2	1206
V	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA.	WE	111		151
L		Joseph	R.	Moore		Agnes	MIDDEE		Gres	che
	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
		YES NO OR UNKNOWN) (IF YES, G	TE WAR ON DATES!	216-05-2	2602	A. Katherine	Feige 4010	Woodle	ea Ave	e. 21206
	TION	G	conditions <u>co</u>	R AS A CONSEQUE	ENCE OF	1	MINAL DISEASE OR CONE			
1	CERTIFICATION	19a DATE OF OPERATION	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NOT	INGS USED S OF DEATH? NO			
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 210. IN JURY OCCURRED	ATH HOUR A. R) P. 21e PLACE	m. month da m.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR	0.53	COUNTY	STATE
		220. I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) this 22b. SIGNATURE		, that (I) (we) last e causes stated						
		01	anuel	Leun	1	ATTENDING PHYSICIAN	MEDICAL STAF		8/	16/83
1		27d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS				
		Dr. Manuel	Levin	M.D.		6101 Park	Heights Av	e. Bal	timore	e, Md.
		BURIAL, CREMATION, REMOVA			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Cremation	Aug 8	1983 We	stvi	ew Memorial	Baltimor	e	Mar	yland
	24 Ft	JNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNA	TURE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

Leonard J. Ruck, Inc. Baltimore, Maryland AUG 8 1983

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Augus o. 1965 2 F	79207	93.2193/RX	
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all sta City	x		par me
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With Tourish Ave. 21204	X	exemit in	basigno
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Estate 7			A.
internal Agrae LeaftEquery, Int.	Depart form	327	Leathing . W.
A tool just broad for	introsa. walt	Aug 2 Tydy Thurs	poidment

Remard J. Buck, Inc. unlikere, Marghand L. Bramal

requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3
CERTIFICATE OF DEATH	

1	19	. 2	60	53
ha	Ü	19	2	1
(Care	9	d.	Silver	6

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO		-	Comp	
	CEASED NAME	FIRST	٨	MIDDLE		AST		20. DATE OF		ONTH DAY	Y YEAR	2ь. но	UR
		Beatr:	ice	R.	Fe	1der				8 4	8.3		M
3. SE)			RACE		5. DATE C	OF BIRTH		6. AGE (IN Y	EARS LAST BIRTH		UNDER I YEAR		R 24 HRS
	Female		B1	ack	MONTH 7	16	2 O		63	YRS.	NIRS	HOURS	MIN,
	RTHPLACE (STATE OR F	OREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER	MARRIED T	9 BALTIMO	RE CITY OR	COUNTYO	FDEATH		
	Maryland		U.S	.A.	WIDOWE		NORCED	Bal	timor	e Cit	У.		MD.
10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a. USUAL C	CCUPATIO	2	12b. KIND INDUSTRY		ESS OR
	Baltimore		851 G	eorge S	Stree	t Apt	.10K						A
	AL RESIDENCE (IF NURSI	13b. COUNT	THER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIMITS?	13e. STREET A	ADDRESS				
l	Maryland		14	Baltin	nore	YES 💢	NO 🗌	851	Georg	e St.	Apt.	10K	2120
4. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER	S MAIDEN NAM	ΛE	MIDDLE			AST	
	Morris			Harris	s,Sr.	В	ernadet	tte			Hi	11	
	VAS DECEASED EVER		NED FORCES?	166. SOCIAL SECU		17. INFORM			ADDRES			10	10 K
	NKNOWN	( ir 163, GIVE	THE OR DATES)	215-22-	-0044	Delo:	res Pir	nksto	n 851	Geor			
	18 CAUSE OF DEATH PART I. DEATH W.	H (Enter only	one couse per	line for (a), (b), or	nd (c1.)	15-1-10					APPRO BETWEEN	XIMATE INTE	RVAL D DEATH
	PART I. DEATH W.	MMEDIATE	CAUSE (o)	a-divis	Junda	1.1.							
	4360			RAS A CONSEQU	IENCE OF								
	Conditions, if any,	which	( 1b)	15. lut	CU	+							
	gove rise to imm	nediote	DUE TO O	R AS A CONSEQU	IENICE OF								
	underlying cause		(0)	AS A CONSEQU	LINCE UP								
1	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERMI	INAL DISEASE	ORCOND	ITION GIVEN	IN PART 1	la	1000
NO	Decut	bi											
MEDICAL CERTIFICATION	190. DATE OF OPERAT	TION	196 CONDI	IDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				D
TIFIC	1.81							YES 🗌	NO	YES		NO [	
CER	210. ACCIDENT WAS UND		21b. TIME O		W WE : -	21c. HOW IN	JURY OCCURRI	ED (ENTERNA	TURE OF INJURY	IN ITEM 18 PAR	TIORPART 2)		
AL	OR CONTRIBUTING C		H HOUR A.	M. MONTH D	YEAR								
DIC	21d. INJURY OCCURR		21e. PLACE (	OF INJURY		211. LOCATI	ON		C.T.W. C.A. 10:		COUNTY		STATE
¥	WHILE NOT WH	THE	(AT HOME, STR	REET, FACTORY, OFFICE,	FARM, ETC )	STREE	ī		CITY OR TOW	TNI	COUNIT		STATE
	22a.1 certify that		al) ottended th	e deceased from	9-		19 81	to	- d	0 19	8	, that (1)	(we) lost
	sow the decease	ed olive an_	7-20	190	3 , 01	nd that in (my	(our) opinion d	leath occurre	d on the dot	e and hour o	and from th		, ,
	obove (I) (we) (d	lid) (did not)	view the body	after death		DEGREE					22s. DAT	ESIGNED	)
	1	11	1/		2		ATTENDING	MEDICAL	STAFF		8-6		?
- 1	22d. PHYSICIAN'S NA	AAF ATVOS	C C	selle	1	220 ADDRE	PHYSICIAN E	DIRECTOR	PHYSICI.	ANU	10		
	A PHISICIAN S NA	WALL ALANE ON	r Kilvij	7		THE MOURE	1 1	1 1		n	11 -		
	Lomen		Jusis		1	1000	Dulle	14/ 18	7	121	100	1216	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR	al Cem	R 2 H	TIMOI		COUNTY		Md.
	BURIAL		8/9/8	NO NO	ew ca	thear							riu.
	UNERAL DIRECTOR	T /		ADDRESS			250. DATE	REC'D. BY R	-	Sh. REGISTRA	AR'S SIGNA	ATURE	
WI	m C <sup>ME</sup> March	i F/H	Inc.	1101 E	Nort	h Ave	nue Al	168	1983	John.	2.0	Abrel	14

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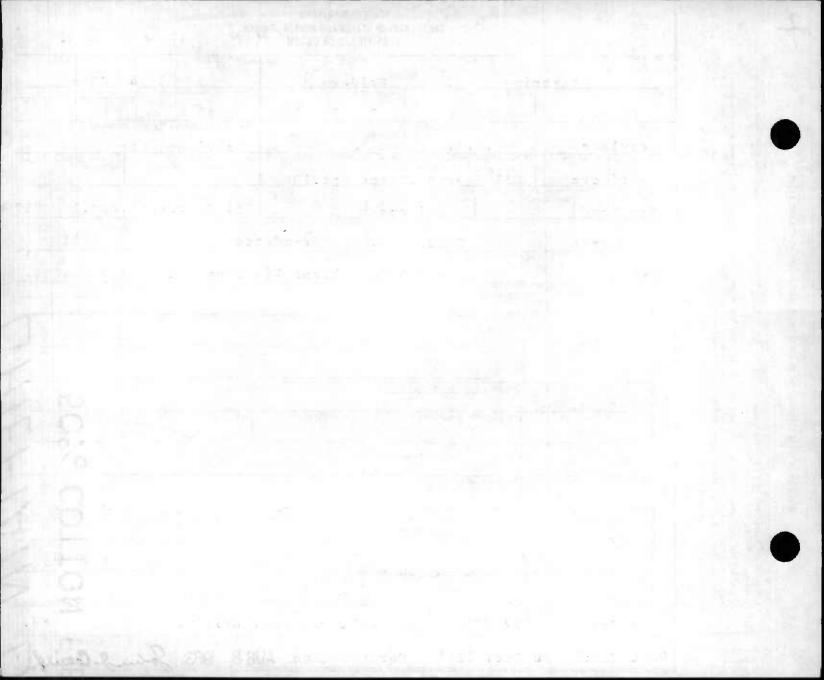
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the Jew should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

MPDRTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the

director, page 3



BP\_ **DHMH - 17** 

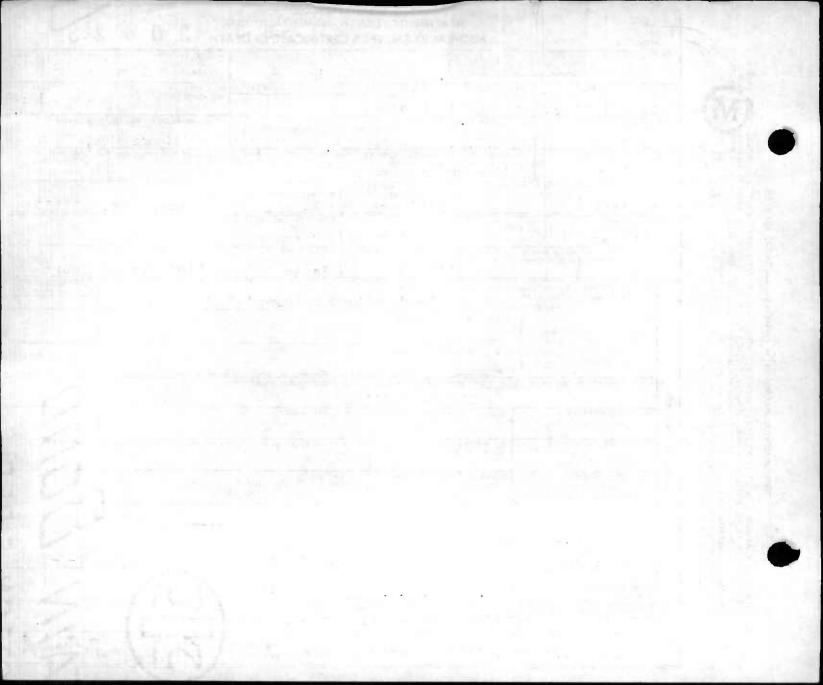
(VR A15 ME (5)) 20M 4/82

FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	0	4	43	104.
DICAL EXAMINER'S CERTIFICATE OF DEATH	ha	REG. NO.	7	4	3

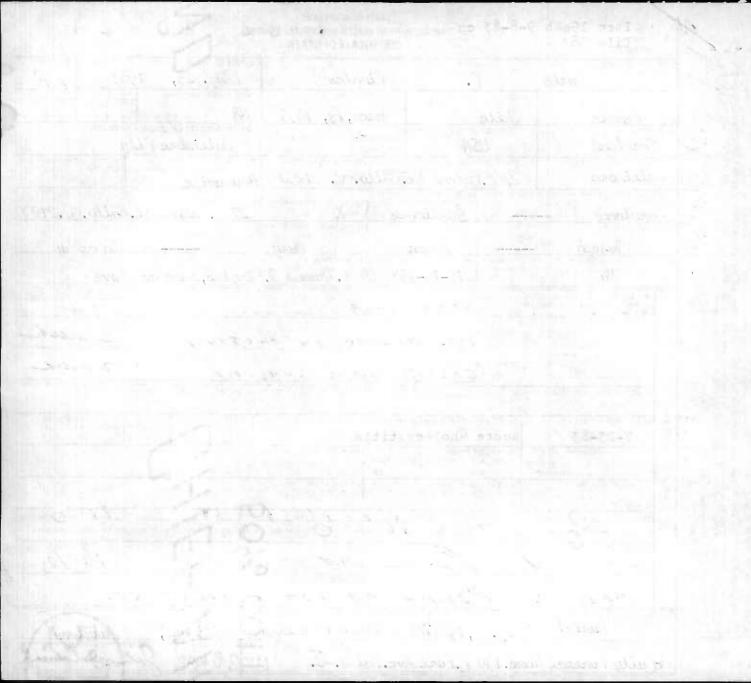
		REGISTRAR		ME	DICAL	EXAM	IAEK	3 CER	IFICA	EOFL	JEAIN *	REG. NO.		- 4	
		CEASED NAME	FIRST	THE SECTION	MIDDLE			LAST			2a. DATE N	KKAMAN KAMAN	MONTH	DAY YEAR	26. HOUR
	(TYPI	E OR PRINT)	George		Α.			Fenw	ick		OF DEATH	MATED	8	7 1983	
	3. SEX		4. RACE	S. DATE OF BIRTH	/\•	la. AGE (III	YEARS	IF UNDER		NDER 24 F			MONTH	DAY YEAR	2d HOUR
	J. JLA		1. 1. 1.	MONTH DAY	YEAR	LAST BIR			AYS HOL		N. PRONOUN	CED	0	7 07	10:10
1	Ma		Black	2 8	12		YRS.				DEAD		8	7 1983	a.M
5		RTHPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COU	VTRY?	8. A	AARRIED X	XNEVER /	MARRIED	9. BALTIMO	ORE CITY OF	COUNTY	OF DEATH	75
/	M	arylan	d	U.S.	A .		W	DOWED [	] DI	VORCED	□ Bal	ltimore	e Cit	У.	MD.
	10 CF	TY OR TOWN	OF DEATH	11. NAME OF HOS				OTHER IN	STITUTION	1 12a	. USUAL OCCUP		OF WORK 1	2b KIND OF B OR INDUS	
1	E	Baltimo	re	1109	Carso	n Cou	rt				FOR MOST OF WORK	ING LIFE)		OK INDUS	IKT
7	USUA	L RESIDENCE	IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE	E BEFORE ADM	(SSION)								
5	13a. S1		13b. COUN	TY		ORTOW			SIDE CITY LIA		STREET ADDRES		0.4	212	1 7
	-	arylan			IBal	timo	re		XX N			arson	Ut.	212	1/
II	14. FA	THER'S NAME FIRST		MIDDLE		LAST		15. A	FIRST	MAIDEN N	IAME	DDLE		LAST	
V		Thoma				nwic			Mary						
	16a W	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECU	RITY NO	D. 17. IN	FORMAN'	T		ADDRESS			
		No	1,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	216	-05-	900	1A J	anie	Ty	er 11	09 Ca	rson	Cour	t
		18 CAUSE OF	F DEATH (Enter onl	y ane cause per line										APPROXIMA	
			ATH WAS CAUSED	BY: A	rteri	oscle	rot	ic Ca	rdiov	ascul	ar Disea	ase		BETWEEN ONS	ET AND DEATH
		PARTIDEATH WAS CAUSED BY:  MMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease  ( Due TO, OR AS A CONSEQUENCE OF													
Н	0.00	Condition	s, if ony, which	DUE TO, OR	AS A COI	ASECOENC	LE OF								17:10
		gave ris	e to immediate	(b)											
H		couse (o) lying caus	stoting the under-	DUE TO, OR	AS A CO	NSEQUENC	E OF								72-790
		7,9		(c)											
Н		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE T	ERMINAL	DISEASE OR CO	NOITION GIVE	N IN PART 1	0).				
	NO NO			D	iabet	es Me	Hi	tus							
)	ATI	19a DATE OF	OPERATION	19b. CONDI					RFORMED	?				20 AUTOPS	<b>/</b> ?
-	MEDICAL CERTIFICATION													YES 🗌	NO 🛛
5	ERT	210. EXTERNA	L CAUSE WAS	216. TIME O	FINJURY		1	It. HOW IN	JURY OCC	URRED (E	ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART		110 54
	II C	UNDERLYING	OR			DAY Y	EAR								256
	C	CONTRIBUTION 21d INJURY O	G CAUSE OF D	P.A.		19	2	If. LOCATIO	140						
	WEC		NOT WHILE	STREET, FAC	TORY, FARM, I			STREET	)14		CITY OR TOW	/N	COUN	NTY	STATE
		AT WORK	AT WORK	,											
		22s Leartif	w that Stock share	e of the remoins/de	school abo	ove held o	n /	Autopsy	Insu	pection [	], Inquiry	XX and	in my opii	nion	0
		death resulte		ol couses XX	Accident		Suicide		Hamicide		Indetermined mai		my opi		3 32
	-	geom retuine	A Hatur	of couses A.M.	Accident	J.(	Suicide				maeterminea ma	nner,			0 8
0		ACTUAL /	100,	· Yeth	16 . K	1	Mi		TLE (SPECI	ant			DATE	8-7-	23
4	1	SIGNATURE_	accu	no x	ayo	4	VUI	M.D.	55151	alli	MEDICAL EXAM	INER	SIGNED	0/	02
P		EXAMINER'S	NAME D	anto E	Cont Ah	MD				111	Donn Ct.	root.			. 7 . 3
		(TYPE OR PRIN	IT) DE	ennis F.				ADDF			Penn St	661			
	23a.Bl	URIAL, CREMAT	ION, REMOVAL ?					RY OR CRE			3d LOCATION		COUNT	Υ	STATE
		BÜRIAL		8/11/83	M	lount	Z 1	on C		-	Lansdo				α.
		UNERAL DIRECT		ADDRES						-	D. BY REGISTRA		TRAR'S SK	GNATUS	20
	Wm	C Mar	ch F/H	Inc. Ti	01 E	Nor	th	Aven	ue	AUG	9 198	1 11	any	1000	nge



(VRA 15, 4)

STATE OF MARYLAND

FOR Item 19a&b 9-8-83 cn DEPARTMENT OF HEALTH AND MENTAL HIGHEN



# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directin should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, ar ather traumatic event, the medical

r must be notified of once.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN

# DEPARTMENT OF HEALTH AND MENTAL HY GIENS

20925

REGISTRAR		CERTIFICATE OF D	EAIN	REG. NO.	
DECEASED NAME FIRST	MIDDLE	ŁAST		2α DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
TYPE OR PRINT) Will:	Lam	Finnie		08	31 83 10:00A
SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Male	02 06	O3	80 Y	MONTHS DAYS HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	MARRIED NEVER M	ADDIED []	9. BALTIMORE CITY OR COU	NTY OF DEATH
U.S.A.	U.S.A.		ORCED X	Baltimore Ci	tv
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OF
Baltimore	Midtown Hor	me, Inc.			
	DUNTY 13c. CITY OR TO	FORE ADMISSION)  DWN 13d. INSIDE CIT	TV HAAITS?	13e. STREET ADDRESS	
Md	Baltime		NO 🗌		enue 2/237
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S		ME	LAST
NNK		-	ONK		
. WAS DECEASED EVER IN U.S.		CURITY NO. 17. INFORMAN	VI .	ADDRESS	
(YES, NO OR UNKNOWN) {IF YES	G, GIVE WAR OR DATES) 414-18-	-7333 JAME	8 N. L.	ANGENER	ANDONEN MA
	er only one couse per line for (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	LISED RY.			-11.05	BETWEEN ONSET AND DEATH
	DIATE CAUSE (a) CAPOLO	PULLMONAR	-9 -	Fri Luice	
4/00		DUENICE OF			ATT AND ATT AND
1100	DUE TO, OR AS A CONSE	SUENCE OF	ombe	ne in (2)	11/45
Conditions, if ony, which		vary 1414	Sweet	02(2(1)	
gove rise to immediate couse (a), stating the	)				W.Farana Tarana W.
underlying couse lost	) DOL TO, OR AGE CONTO	JUENCE OF			
	(c)	3001/			
PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
11hed.	MIE COL	000	DAI	It's faire	4
MAKCUD,	4	D, CHIZ	1	1	E VEC MEDE ENION ISS HOTE
19a. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFOR	₹WED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
				YES TI NOT	YES I NO I
196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW IN	ILIPY OCCUPE	RED (ENTER NATURE OF INJURY IN ITE	
	LICENS A MA MONITH		JOK! OCCORR	(ENTER NATURE OF INJURY IN THE	N 16 PART I ORPART 21
OR CONTRIBUTING CAUSE O	PUCAIN	19			
(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	21f. LOCATIO	N		
ZIG. HAJORI OCCORNED	(AT HOME, STREET, FACTORY, OFFI			CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				3	
22-1	ospital) attended the deceased fro	08/11	1083	. 08/31	. 19 83 that (I) (we) lo
sow the deceased alive	00/21	0.0	, 17	death account a the date and	hour and from the causes stated
obove, (I) (we) (did) (di	d not) view the body ofter death.	, ond that in (my)	,our) opinion c	deom occurred on the dote one	1 Hour ond from the couses stored
22b. SIGNATURE		DEGREE			22c. DATE SIGNED
A	6.0	A TT A	TIENDING	MEDICAL STAFF _	
8/1/4	right		HYSICIAN T	DIRECTOR PHYSICIAN	
22d PHYSICIAN'S NAME (T	YPE OR PRINT)	22e ADDRESS	š		
120	TNTO //JUS	= 112	5 1	1 BAVEN	FRF 21711
1 /1-0.	611616	017	V	レーレしいとり	-1-6-6-6-6
o. BURIAL, CREMATION, REMO	A. a.	3c. NAME OF CEMETERY OR C		23d LOCATION	MA
SUNDU	9-3.82	MY AUD	UNN	BITY OR TOWN TO	MOUNTY STATE
FUNERAL DIRECTOR	1631281 AM	colman sh	250. CL	E REC'D. BY REGISTRAR 250. THE	GISTRAR'S SIGNATURE
177 1 1440	TOTE IN TOT	11111	SL	1 1 1000	and and

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital or attending physician.

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				21 7 kg		

0		1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	0 9 :	2 6
X	n m =		CEASED NAME FIR	RST	MIDDLE		AST		ONTH DAY	YEAR 2b. HOUR
	noy be poge 3 er deoth		E	ENJAMIN		F	INO	8	/28	183 30
	moy r, pog	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UND	DER I YEAR IF UNDER 24 H
	Poge 4		Male	White	Э	5	24 15	68	YRS.	
	Poort. Po		RTHPLACE (STATE OR FOREK TPaso, Texas		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMORE		EATH
	P G G G G G G G G G G G G G G G G G G G	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATIO	N 12b	L KIND OF BUSINESS
101	The filed		BALTIMORE		N MEMORIA		PITAL	Self-Emp.	WORKING LIFE) IN	DUSTRY
ND 213	filled in ould be must be		AL RESIDENCE (IF NURSING H STATE 13b.	COUNTY	13c. CITY OR TOW Balto	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 4555 Derby	Manor Ro	d. 2121
MARYLA	mpletely ond 2 shi		rederick	WIDDIE	Fino		15. MOTHER'S MAIDEN NA/			endőža
BALTIMORE, I	be execute on and ca		VAS DECEASED EVER IN U (ES. NO OR UNKNOWN) YES	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECU 457-28-2		17. INFORMANT Frederick Fir	ADDRES no 4555 Derb		Rd. 21215
I W. PRESTON ST., B	hat the death certifico by the ottending phys ose remove carbanpap I, cremation, or remove other traumotic event		18. CAUSE OF DEATH IE PART I. DEATH WAS COnditions, if ony, wh gove rise to immedia couse (o), stating underlying couse lo	CAUSED BY: AEDIATE CAUSE (o)  DUE TO, C  ich (b) ote the DUE TO. C	CARDON DRAS A CONSEQUE DRAS A CONSEQUE	NCE OF	an occident	, Walder		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
AL RECORDS, 20	The low requires ticion.  te hos been signed is the promit. Then ple griene prior to burno shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFIC DOLD UP 190. DATE OF OPERATION	nous Pro	mbosen	nota	NOT RELATED TO THE TERM  ALL CHA  WAS PERFORMED	INAL DISEASE OR COND ONIC atvia 200 AUTOPSY? YES NO	20b. IF YES, WER	PART 119  WARD RE FINDINGS USED CAUSES OF DEATH? NO
DIVISION OF VITAL RECORDS	HYSICIAN: anding phys his certifico burial-tror Maental Hy or frem 18	MEDICAL CER	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICALE) 216. INJURY OCCURRED  WHILE NOT WHILE	E OF DEATH HOUR A		AY YEAR 19	21t. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY		R PART 2)  OUNTY STATE
DIV	ATENDING Paspital or attering for use as the d for use as the for use in the form of the f		22a.1 certify that (1) (this sow the deceased of	0120	19_5	23_, or	ad that in (my) (our) opinion (	to 8/28		from the couses stated
	OR he he ho DIRE tocher be Dep		22b. SIGNATURE	e Mil	()	10	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		8 28 8
	etained by the Francisco Control of the State of the Stat			MILLER M.I				ORIAL HOSPIT	AL	
	F =	23n F	LIPIAL CREMATION DEAR	OVAL 1226 DATE	123c N	JAME OF C	EMETERY OR CREAMATORY	234 LOCATION		

GIVEN IN PART 119 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES 🗆 NO [ 8 PART 1 OR PART 2) COUNTY STATE 19 8 3 , that (1) (we) lost nour and from the causes stated 22c. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MD 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MILLER M.D. PAUL UNION MEMORIAL HOSPITAL 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE cremation 8/31/83 Balto. Westview Cem. Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LEROY O. DYETT 4600 LIBERTY ACTS. AVE. AUG 31

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

DHMH - 16 50M 4/B2 (VRA 15, 4)

THE PARTY OF THE P 2 - 1. .0710. and the second of the second o G.N SESSEE STATE description of the projection should be detached for use as the burial-transit near signed by the attending physicion and completely filled in by the funeral direction to the burial-transit permit. Then please remays carbonpopers. Pages 1 and 2 shauld be filled within 72 hou make the begs of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other traumatic event, the medical

MPORTANT If them 311's morked or them #8 shows

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
(TYP	CEASED NAME FIRST AO	nes Hedi	vig s	Fischer Fischer	20. DATE OF DEATH	MONTH DAY	YEAR 1983	26. HOUR 4 42 PM
3. SE	× Female	Nhite	5. DATE C	OF BIRTH 91	6. AGE (IN YEARS LAST BI	YRS.	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Maryland	U.S.A.	MARRIE		14 - 1 - 1 - 1 -	OR COUNTY OF D	EATH	MD.
	Baltimore /		ety Hos		120. USUAL OCCUPAT (TYPESE WORK FOR MOST) Retired	OF WORKING LIFE) IN	PUSTRY	F BUSINESS OR
130 Mc	AL RESIDENCE (IF NURSING HOME ORD STATE 136 COUNT aryland -	TY 13c_CITY OR T		13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌	13. SIREET ADDRESS 406 South	Macon S.	t. 21	1224
	Max	Regel Regel		15. MOTHER'S MAIDEN N	MIDDLE		chs LAST	
		MED FORCES? 166 SOCIAL SI WAR OR DATES) 216-10	9-5237	Marian (. (	Overbey 9919		Hill	Rd. 21128
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED SO IMMEDIATE	DUE TO, OR AS A CONSE	IAC 1	ARREST ISCHEMIA			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
0	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OWENCE OF	RED (D)	HIP AC	W.C.T.		eeks
Z	PART 2 OTHER SIGNIFICANT CO				RMINAL DISEASE OR CON	DITION GIVEN IN	PART 10	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WH			20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M. 6/11	/83 YEAR	fell at ho	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OI	R PART 2)	
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE XX AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI NOME	ICE, FARM, ETC )	406 S. Mac	on St, Balti	imore,	MD	STATE
	22a.1 certify that (I) (this hospital saw the deceased alive on bove, (I) (wa) (did) (did at)	8/12	92	nd that in (my tour apinio	n death accurred on the d	ate and hour and t	from the c	
	Robert /	1. Slimar		DEGREGATION APPLICATIONS PHYSICALL	KANDORAN O PHONE	IAN ET	8/12/	183
	ROBERT	J. SLIMAN		BALTIMO		HOSPIT	AL	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2 8-16-83	Oak Lau	emetery or crematory	CITY OR TOWN	L. Balto	O. M	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

Oak Lown Cemetery Eastwood Balto.

Bo. Date Recid. By Registran Six Registran

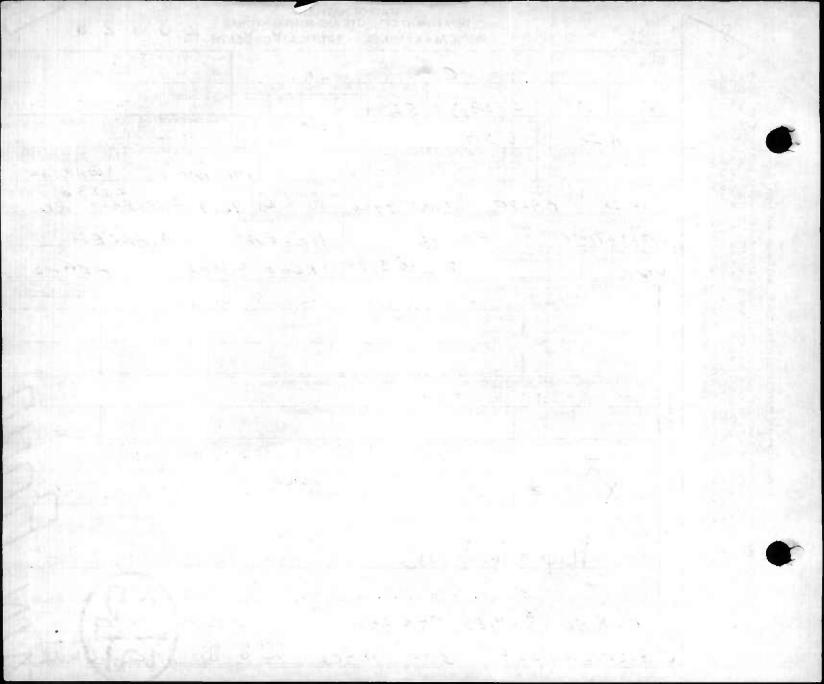
AUG 1 5 1983 24. FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 6224 Eastern Ave.

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8	- STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	REG. NO.
-	1. DECEASED NAME FIRST	WIDDLE	LAST 20. DATE	KNOWN XX MONTH DAY YEAR 76. HOUR
31 or of \$2 m	(TYPE OR PRINT)	LENTINE C. FISC	OF OF	MATED □ 8-26-83,
ACH	1, 5EX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEAR	ARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24. HOUS
DIE DIE	MW	5/29/31 52×	RS. DEAD	8-26-83, 8:45
PARTE Z	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	ORE CITY OR COUNTY OF DEATH
望影響	MP.	11. NAME OF HOSPITAL, NURSING HOM		IMOTE CITY ME PATION (TYPE OF WORK 126 KIND OF BUSINESS
SHEET S	Baltimore	LIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hos	FOR MOST OF WOR	OR INDUSTRY
SS NOT	USUAL RESIDENCE (IF IN NUISING HOTE	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI	ON]	1122/
AND SOME	130. STATE 136 CO	ALTO PERRY H	13d. INSIDE (ITY LIMITS? 13e. STREET ADDRE	SARDENIA RO
T VESSION T	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAME	NDLE LAST
EST SE	VALENTINE	FISCHER	HELEN	MANGER
N SORA	160. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES? 16b. SOCIAL SECURIT	- C-	ADDRESS
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2 W W	DART I DEATH WAS CALL	anly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MINEL MINEL TRAP OR RE	gave rise to immedia	nte (b)	OF.	
	lying couse lost.	(c)		
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PEDICAL JE THE A SHOUN NERAL DEATH, WORE, A	EXAMINER'S NAME			
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BACTIMORE,	(TYPE OR PRINT) MA	rgarita A. Korell,M.D	ADDRESS 111 Penn Stree	<u> </u>
	230 BURIAL, CREMATION, REMOVA		METERY OR CREMATORY  ACTIVE OR CREMATORY  13d. LÓCATION CITY OR TOWN 13/74.7	COUNTY STATE
BP	24. FUNERAL DIRECTOR	1/-1/02 11/1	250. DATE REC'D. BY REGISTRA	
DHMH - 17 (VR A15 ME (5))	J.E. CONN	ELLS- 300	MACE SEP 2 1983	John & Cerrell
20M 4/82				0



1		FOR STATE REGISTRA
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHEN

1. DEC							REG. N	10.				
(TYPE			"F'ISCHER	, JR	AST •		2a. DATE OF DEATH	MONTH	DAY ,	YEAR	2b. HOU	R
_	The state of the s	ORGE			TSHER		H	00		1983	5,6	0 1
3, SEX		4 RACE		5. DATE O		YEAR _	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DAYS	HOURS	24 HR
	Male	Wh:	ite	Marc	h 30°,	1919	64	YRS	5.			
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	aryland	U.	S.A.	WIDOWE	D D	IVORCED [	BALTIMOR	E C	ITY			
10 C1	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INS	NOITUTIT	120. USUAL OCCUPAT			KIND O	F BUSINE	SSC
	BALTIMORE		ON MEMORIA		SPTTAL.		Clerk	01 11011111	Ва	Ito	. Sc	h
USU A	AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE (	TTY LIAAITS?	134 STREET ADDRESS					
Mai	ryland	3.411	Baltimo		YES X	NO [	308 W. 3	30th	St.	2.	1211	
14. FA	ATHER'S NAME	MIDDLE				'S MAIDEN NA						
	George	WIDDLE	Fischer	, sr	. J	ennie	Sabir	ıa		War	ns	
16a. W	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADDR	ESS	2	123	6	
(4	YES NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	219-01-	0475	Emma	M. Mi	ller, 882	22 B	lair	WOO	d Rá	
	18 CAUSE OF DEATH (Enter of	nalu ano sausa no									MATE INTER	
	PART I. DEATH WAS CAUS	SED BY:	CARDIAC		PREST						i'hud	DEA
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filled within 72 hauld the filled within 72 hauld be filled hauld filled filled hauld be filled within 72 hauld be filled within 72 hauld be filled within 72 hauld be filled hauld filled hauld

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offending physician and cove corbanpopers. Pages

	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAN EALTH AND ME	NT AL HYG	0	2 0	9	3 0	
		CEASED NAME	FIRST	A	MIDDLE	L	AST		20. DATE OF DEAT	H MONTH	DAY	YE AR	2b. HOUR
1	(IIII)	ORPRINT	MHOL			F	SHER			8	15	83	5.25 Pm
	3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTH:	DER 1 YEAR	IF UNDER 24 HRS.	
1		MALE		CAUCA	SIAN	MONTH O7	07 20 97 86				5.	DAIS	HOURS MIN.
15		RTHPLACE (STAT COUNTRY)  Marylai		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED -	9. BALTIMORE CIT	_			RE MD.
20	10. C	ITY OR TOWN OF	DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C		UTION	120 USUAL OCCUP			KIND O	F 8USINESS OR
21		Balto.			y Hosp.	ADDRESS)			C.P.A.	ST OF WORKING			mployed
35		AL RESIDENCE IF STATE Md.	13b. COUL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto.		13d. INSIDE CITY	LIMITS?	130. STREET ADDRE				21201
	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S A						
11	Jo	hn			isher		Marv	ST	MIDDE	E .	Diet	LAS'	
1	(	VAS DECEASED E YES, NO OR UNKNOW!			212 07		17. INFORMAN		r (Same a	DRESS	)	-5011	
					line for (a), (b), and	d (c).						APPROXU BETWEEN C	MATE INTERVAL
D		PART I. DEAT	TH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	BRADYCA	ARDIA						30	minutes
		Conditions, if	2 ony, which	DUE TO, OI	RAS A CONSEQUE							24	+ horus
			stating the couse lost.		AS A CONSEQUE		neuruan'	IIA				4	t hoses days
	-	PART 2. OTHER	SIGNIFICANT				NOT RELATED TO	O THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART 110	,
- 45	Õ		SEVERE		STRITION					31.0			
1	RTIFICATION	19a. DATE OF OP	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORM	AED	YES NO	IN CER			OF DEATH?
9	Ü	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		ALTH .	M. MONTH DA	Y YEAR	21c. HOW INJU	IRY OCCURE	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 O	R PART 2)	
To Down	MEDICAL	21d. INJURY OC	OT WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET		CITY C	RIOWN	C	OUNTY	STATE
DIII 81 17 1		sow the de	ceased alive or	ital) attended the	deceased from 19 8	2		19 <u>23</u> ur) opinion o	, toOS death occurred on th	e date and I			that (I) (we) last couses stated

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 22e ADDRESS BELL- LAFFERMAN HOSPITA 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 8/16/83 Removal

hospitol

DHMH - 16 50M 4/82 (VRA 15, 4)

\$X Anatomy Board

226. SIGNATURE

24 FUNERAL DIRECTOR

NAME

ADDRESS

Balto., Md

DEGREE

ATTENDING

PHYSICIAN |

AUG 1 8 1983

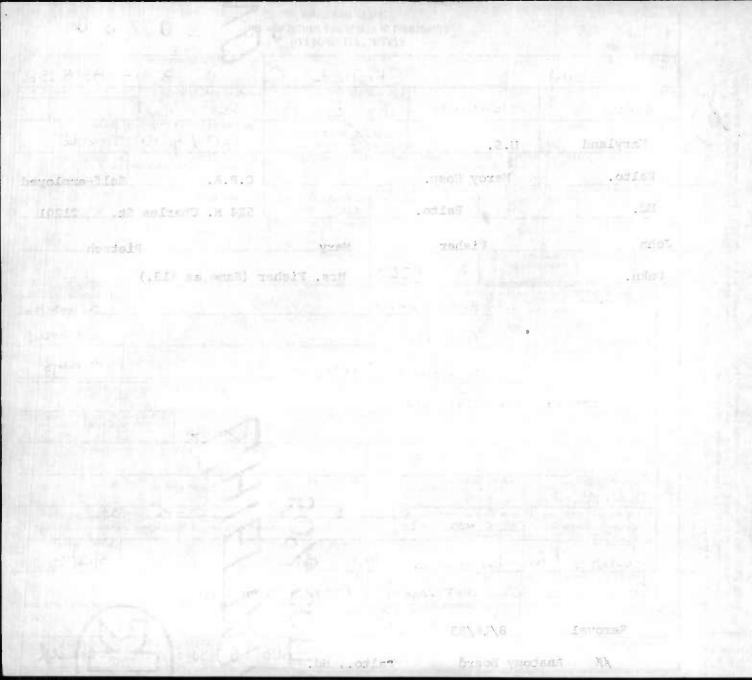
MEDICAL STAFF DIRECTOR PHYSICIAN

COUNTY

STATE

22c. DATE SIGNED

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENES

19. 0

		REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.				
		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DE	ATH M	D HINC	AY YEAR	2b. HOUR	-
7			nhn		R	Fish	er	August	18.	1983		1:00 pM	١
1	3. SEX			4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS			IF UNDER 1 YEAR	HOURS MIN.	_
à		Male		White		Marcl	n 12, 1923	60		YRS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е.		RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	XX NEVER MARRIED	9. BALTIMORE	CITY OR	COUNTY	OF DEATH		_
5	Mo	DUNTRY)		U.S.	A.	WIDOWE		Balt	imore	e Cou	nty	MC	
	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI		R OTHER INSTITUTION	12a. USUAL OCC	CUPATION	VOBRING HEE	12b KIND C	EBUSINESS OR	Ī
1	Ba	altimore					Hospital	Cabinet	Ma	ker	Pa	rts Co	
-	USUA 13a. S	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS				_
		Md.		Ltimore			YES NONE			vale	Rd.	21236	
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		IDDLE		I.A.	C 7	_
50		Charle		R.	Fish	er	Mildr	ed	IDDIE.		McA	dams	
)		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SEC		17 INFORMANT		ADDRESS				Ī
		no or unknown	(IP YES, GIV	E WAR OR DATES!	217-12	-3136	Gloria Fis	her (W	[FE)	sam	e add	ress	
		18. CAUSE OF DEAT	H (Enter ar	ly one couse per	line far (a), (b), a	nd (c).)					APPROX BETWEEN	ONSET AND DEATH	-
		PART I. DEATH W	MMEDIA	D BY: TE CAUSE (a)	Cardiores	spirato	ry Arrest						
		5570		DUF TO O	R AS A CONSEQU	JENCE OF							
		Canditians, if any,		( (b) S	uperior	Mesent	teric Artery	Thrombos	is				
		gave rise to imr cause (a), statin			R AS A CONSEQU		and Bow	el Ischer	mia		1 36		
		underlying cause	lost.		Septic St								
	_	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	RCONDI	TION GIVE	EN IN PART 1	o'	_
	CERTIFICATION												
1	CAI	19a. DATE OF OPERA	TION	196. COND	ITION FOR WHIC	H OPERATIO	WAS PERFORMED	200 AUTOPS			, WERE FIND! YING CAUSES		
1	RTIF	The second							·X	YES		NO 🗆	_
2		21a. ACCIDENT WAS UND	-	T LIOUR A	FINJURY M. MONTH [	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)		
1	CAL	(IF EITHER, NOTIFY MED)	CAL EXAMINE	P.	M	19							
	MEDICAL	21d. INJURY OCCUR		210. PLACE	OF INJURY	FARM, ETC )	21f. LOCATION STREET	C	TY OR TOWN	4	COUNTY	STATE	
	-	AT WORK AT WO	RK .								- 00		_
		220.1 certify that "	(this haspi	ital) attended th	e deceased fram	Augus			ust			that (we) last	ŀ
		saw the deceas abave, W(we) (	ed alive an did) (ad	yiew the bady	after death.		d that in (pa (aur) apinion	death accurred a	n the date	and have			_
		22b. SIGNATURE		.0		_	DEGREE	MEDICAL	STAFF			18/83	
1		Mar	ra	1	inu	D	PHYSICIAN [	DIRECTOR [			0/	10/03	-
1		22d PHYSICIAN'S N.			0		220 ADDRESS						
		Maria	Diaz,	M.D.			9000 Frank			rive	21237		_
	23 a. E	SURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATIO			COUNTY	Md.	
	1	SPECIF Burial		8/20	/83 G	arden	s of Faith	Dal	LU.			rice .	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL

MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

9705 Belair Rd. Balto Md.

21236

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deres described and the second and t Marine Land, Marine Land, Walter of Contract Con

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	GIENE
CERTIFICATE OF DEATH	

3 2 0

١	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HYPO		NO.	5 2	,
1		CEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
1	(TYPE	ROBER ROBER	et P.	F	ISHER	AUGUST	23,19	983	3:55a.
١	3. SEX	(	4. RACE	S. DATE C		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	5	1915	WHITS	S P		72	YRS.	MONTHS DAYS	HOURS MIN.
-			76. CITIZEN OF WHAT COUN	TDV2 8	The state of the s	9. BALTIMORE CIT		OF DEATH	
		ARYLAND	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	BALTI	more.	City	MD.
	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NL		OR OTHER INSTITUTION	12a. USUAL OCCUP			F BUSINESS OR
	123	AL RESIDENCE (IF NURSING HOME OR	CHURCH HO	BEFORE ADMISSION	OSPITAL	KI- 1.1	ALL	INST.	0 + 124T1
7	13a. S		Time to MiD.		13d. INSIDE CITY LIMITS?	3503 U	SSUHESLH	ouse f	21340
2	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		LAS	
7	10	Villiam H	FISHE	R. SR.	()	RiE		DiG	1
3		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL	SECURITY NO.	17. INFORMANT	AD	DRESS		
			U-II 215 C	11165	+ AMILY	KECORO	15		
1		18 CAUSE OF DEATH (Enter onl		o), and (c).	The second			BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSED	E CAUSE (BRESPIRA	TORY F	AILURE				
1									
		Conditions, if any, which	E						
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
1		underlying cause last.	(c)		ENG.				
	_	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	METETION	BETES	INTER
	CERTIFICATION		HEROSCLEROS						
2	CA	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING YING CAUSES	
	TE I					YES NO		s 🔲	NO 🗆
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LITTLE A A A ALCOHUT	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	in .	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	SEICE EARM FTC )	21f. LOCATION STREET	CITY O	R TOWN	COUNTY	STATE
	>	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTOR), OF	PICE, PARM, LIC J					
1		22a.l certify that the ospit			, 17	8-2	,		that (I) (we) lost
		obave. In delidid Idid of	8-23	19 <u>83</u> . or	nd that in (my) (our) opinion	death accurred on th	e date and hou	r and from the	couses stated
		Mb. SIGNATIUR	11)		DEGREE			22c. DATE	SIGNED
		Cum	(Aur)	12	ATTENDING PHYSICIAN [	MEDICAL PHY	SICIAN	8.	-23-85
	10	224. PHYSICIAN'S NAME (TYPE OF	RPRINT	11/197	220 ADDRESS CHURC			RPORAT	TON
		DAVID BU	ISH MD.		100 NORTH	BROADWAY	BALTTI	MORE M	D. 2123
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION			
	0	SPECIFY)	10 0 15 15	11 . 10	11- 0	CITY OR TOWN	4	COUNTY	STATE

8800 HARFORD

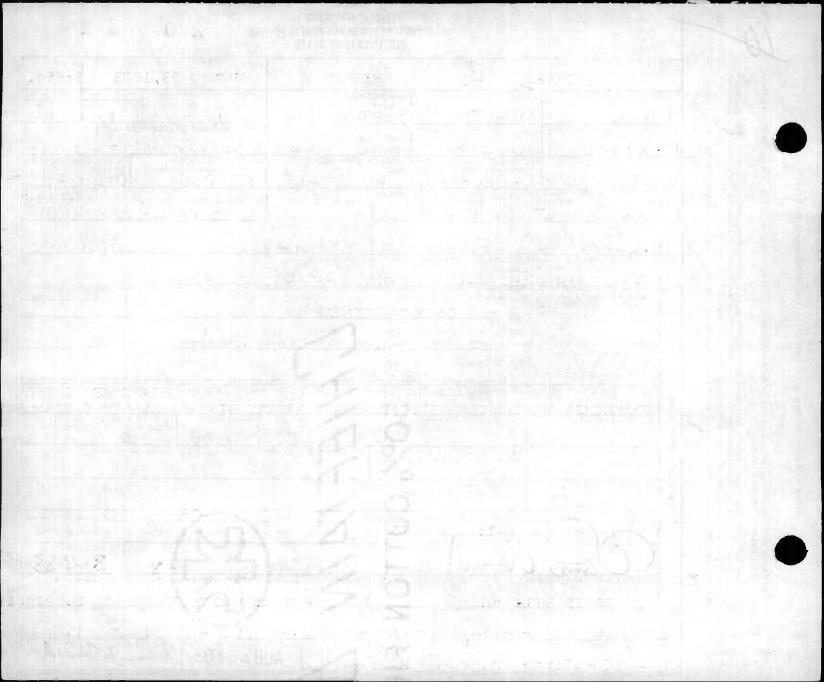
250. DATE REC'D. BY REGISTRAR AUG 2 6 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

ANS CHAPLOF MEMORIES

IMPORTANT: If them 21 is marked at them 18 silows ony injury, at other traumatic event, the



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

20933

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	RE	G. NO.		
	PECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEA	HTMOM HT	DAY YEAR	2b. HOUR
	TERES	SA (nmi	)	FISHER	AUGUST	30,	1983	3:30mp
3. S	EX	4. RACE	S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	FEMALE	WHITE	**************************************	21 1905	78	YRS		HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? B.	D NEVER MARRIED	9. BALTIMORE CI			
SI	PARROWS PT., MD	U.S.A			BALTIMO	RE CIT	Υ,	MD.
10.	CITY OR TOWN OF DEATH	I IF NOT IN SUCH FAC	ITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
_	LTIMORE  UAL RESIDENCE (IF NURSING HOME)		SPITAL INC.		SALESPER	SON	REMAT	<u>L</u>
130	. STATE 13b. COU	NTY 13c.	CITY OR TOWN UNDALK	136. INSIDE CITY LIMITS	130. STREET ADDR		D. 21	222
14.	FATHER'S NAME FIRST  JOHN		IUGHES	15. MOTHER'S MAIDEN FIRST MARGARET	MIDI		BAUREN	
160.	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES	SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	22	07.000
-	(1F YES, G	[21	4.22.6575	ELAINE FAN	TASIE 1/ TO	WNSHIP		21222
CERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  199. DATE OF OPERATION	CONDITIONS CONTR	RONIC OBST	NOT RELATED TO THE T	PULMONARY	DISEA		CERTAIN
THE SHIP	THE DATE OF CHANGE				YES NO	IN CER	TIFYING CAUSES	
	00.000.000.000.00	HOUR A.M.	IURY MONTH DAY YEAR 19	21c. HOW INJURY OC	CURRED (ENTER NATURE O	FINJURY IN ITEM 1	8 PART 1 OR PART 2)	
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.	AJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
1	220. I certify that (1) (this haspital attended the deceased fram 8. 19. 83., ta 8. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19							
	T. K	acoef	a	ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF TYSICIAN	8-/	30/83
1	22d PHYSICIAN'S NAME (TYPE T. KAWAJA	OR PRINT)  MD			HURCH HOS BROADWAY	PITAL BALTI		4D; 2123
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	CEMETERY OR CREMATO	DRY 23d. LOCATION		COUNTY	STATE
	BURIAL	9/2/1983	MORELAN	D MEMORIAL	BALTIM	ORE		MD
24	FUNERAL DIRECTOR		ADDRESS		DATE REC'D. BY REGIS	RAR 25b. REG	ISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and can be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, at removal.

MPORTANT: If Hem 21 is marked or Hem, 18 shaws any injury, ar other traumatic event, the

WLATER BROOKS BRADLEY, INC.

DUNDALK, MD

EP 1 1083

To a Coming

and campletely filled in by the fune

should be detoched for use as the burial-transit permit. Then please remove corbohoppers. Pages 1 and 2 should the State Dept. at Health and Mental Hygiene prior ta burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

etoined by the hospital or attending physicio

	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HISGI ICATE OF DEATH	IENE	2 REG. NO	0 9	3	4
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) RICHARD D		D,	Fbuc		26. DATE OF [	DEATH /	F Z	Y YEAR	26. HOUR 9:45 Am		
	3. SEX	(	4, 5	RACE		S. DATE C		6. AGE (INYE	ARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
1	Ma	ale		White		5	3 1932		51	YRS.		
4		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMOR	E CITY OF	COUNTY	F DEATH	
/		aryland		U.S.A		WIDOWE	D DIVORCED			re Cit		MD.
/		TY OR TOWN OF DEA		(IF NOT IN SUC	OSPITAL, NURSING HEACILITY, GIVE STREET A MORE CI	DDRESS)	or other INSTITUTION Ospital	12a. USMAN PORK	Mine rate	WORKING LIFE)	126 KINGWI INDUSTRY Elec	estern tric
20	USUA 13a. S	AL RESIDENCE (IF NURS		HER INSTITUTION.		ADMISSION)		124 STREET AL	DDBESS		2	1222
5		aryland	Balti	more	Dundal	k	YES NO 🔀	7825	E.Co	olling	gham	Dr.Apt.E
29		THER'S NAME	MIDI	DIE	LAST		15. MOTHER'S MAIDEN NAM	ΛE	MIDDLE		1.46	ST ,
U	Wi	illiam	H		Floyd		Louise		M.			aser
n		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUI	RITY NO.	17 INFORMANT	1704	HOTE	view	Rd.	Apt.B-4
6	Υe		Kore		218-26-	6127	Carmella M.	. Floy	'd	Balto	D., M	D.21222
		Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediate g the	DUE TO, O	Can clin R AS A CONSEQUE I GCONSEQUE	H4	. D. send	2				
	NOI	PART 2 OTHER SIGN	NIFICANT COM	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMS	INAL DISEASE	OR COND	ITION GIVEN	N IN PART 1	a
1	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	NO .		WERE FINDII ING CAUSES	NGS USED 5 OF DEATH? NO
1		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATO	JRE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURI	ILE 🗆	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	<b>1</b> N	COUNTY	STATE
		220.1 certify that (1)	(this hospital)	ottended the	e deceosed from	2/6	, 19_\$ 2	2. to 5/	-	19		that (i) (we) last
		sow the decease above, (1) (we) (c		iew the body	ofter death.	. 01	nd that in (my) (our) opinion d	leath occurred	on the do	te and hour a	and from the	causes stated
		22b. SIGNATURE	7	1			DEGREE	HED:			22L DATE	SIGNED
,	1	10	h	1			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		18/	2/82
1		22d. PHYSICIAN'S NA	AME ITIMO IN	INT)			22e ADDRESS	60	+	1		7

BP DHMH - 16 50M 4/82

Burial 8/6/1983

24 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue Dundalk, (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

23b. DATE

21222 MD.

Holly Hill

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN

White Marsh BY REGISTRAR 1983 25a DATE REC'D **AUG 8** 

Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumotic event, the

STATE OF MARYLAND							
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYBIENE	
CF	RTI	FIC	ATE	OF	DEATH		

2 3 0

1.	FOR DI REGISTRAR			MENT OF HEALTH AND MENTAL HOSIENS 20935					
1. DE	CEASED NAME FIRST		WIDDLE		LAST	REG. NO.	H DAY YEAR 26 HOUR		
(TYPI	OR PRINT) MARY	Eve	F	/ 121	RV	0 /	2 12013		
3. SE	× PIFIN	4. RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1/1		
1	emale	White		MON 2	18 92	91	MONTHS DAYS HOURS MIN.		
7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A P D IS	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
	Varyland	U.S.A		WIDOW		CIT	Y MD.		
	ALT IMORE CITY		HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION  1, WHOSPS	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORK	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY		
USU.	AL RESIDENCE (IF NURS	OTHER INSTITUTION	M.H - BA	ADMISSION)	-117 110-17				
MK	aryland -	HTY	Baltimo	N	13d. INSIDE CITY LIMITS? YES <b>X</b> NO []	3810 Fait Av	renue 2/224		
14. FA	Blasius	MIOOLE	Wolf		Barbara	MIDDLE	LAST		
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
	YES, NO OR UNKNOWN) {IF YES, GIV	- WANT ON DATES	214-24-0	5740	George A. F.	lury 3810 Fait	Avenue 21224		
	18. CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b), and	d (c)	7	^ 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (o)	Carde	ore	speralone	Cerrest	-		
-	4142	DUE TO, OI	R AS A CONSEQUE	MCE OF	1 1 1	10			
3	Conditions, if ony, which	(b)	lse	lien	ne Heart	Desease.			
	gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	underlying couse lost	(c)							
NO	PART 2 OTHER SIGNIFICA !	DIDITIONS CO	NTRIBUTING TO D	LATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110		
CERTIFICATION	19a. DATE OF OPERATION	19H/CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED		
}						YES NO	ERTIFYING CAUSES OF DEATH?		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING X CAUSE OF DEA		FINJURY M. MONTH DA	Y YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	? P./		198		ett.			
MEO	21d INJURY OCCURRED	218. PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	AT WORK NOT WHILE AT WORK		home		3810 Fait Av				
	220 I certify that (1) (this haspi sow the deceased alive an	3 Well 8	0	12-0	guey 19 85		, 17, inor (1) (we) lost		
	obove, f) (we) (did) (did no	y view the body	ofter deoth.	, 01	nd that in (my) (our) appropri	deoth occurred on the date and	hour and from the couses stated		
	22b. SIGNATURE	MA.	1.2.	4 / 8	ATTENIDING	MEDICAL STAFF			
1	22d PHYSICIAN'S NAME (TYPE O	SHO LO	eliam	THEX	PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	1 4 me 83		
	F 0 0	ACHAI	u MD		BALTO	City Ho.	SPITALS,		
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 8-6-8			Heart (emete	23d LOCATION PUTTOR JOWN & B	A COUNTY AND STATE		
24 FL	INERAL DIRECTOR	10-0-0	) 50	weat		E REC'D. BY REGISTRAL 25 A	acto. O. Alde		
	arles S. Zeile	28 500	AOORESS OO	cc.	All All	G 5 1983	and and		
1		c & JUIL	JILL. 701	7.0	neung 3 zo				

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or attending physician

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_		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

03	13	. 3	45.0	
2	0	7	3	0
			100	-

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1	1. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1	(TYPE OR PRINT) SAMUEL +	t. For ster	8-2683 235
1	3.5EX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	male wh	1 te nonth pay year	73 YRS MONTHS DATS HOURS MIN.
1	To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN C	OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
2	Ballimore Md U.	S, WIDOWED DIVORCED	Balto, City MD.
e		OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION 26. KIND OF BUSINESS OR
1	MARYLAND Det	on Hill MANOR	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	130. STATE  130. STATE  130. Mar ending home or other institute 130. Mar ending home or other institute 130. Mar ending home or other institute 130. STATE	13c CITY OR TOWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS ROSeWood Center
2	FATHER'S NAME	IS. MOTHER'S MAIDEN NAM	ME
	Jacob J Foers	ster Estella L	- Toomey
9	160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES		ADDRESS
4	No	212-09-3638 Elizabeth F	Anderson, Cockeysville
1	18 CAUSE OF DEATH (Enter only one cause ) PART I. DEATH WAS CAUSED BY	per line for (p), (b), and (c.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	1970 IMMEDIATE CAUSE (6)	Acule Pasy vator	y Tarlend Zif hu
ì	1 7/4-	OR AS A CONSEQUENCE OF	
1	Conditions, if any, which (b)	Severe Pulmyran Es	nglyseria 6 her
	gove rise to immediate	OR AS A CONSEQUENCE OF	0 )
	underlying cause last.	ON AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(p)
	190. DATE OF OPERATION 19b. COM		
1	190. DATE OF OPERATION 196 CON	NDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
	E		YES NON YES NON NON NON NON NON NON NON NON NON NO
7	210, ACCIDENT WAS UNDERLYING 216. TIME	OF INJURY 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
П	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19	
1	21d. INJURY OCCURRED 21e PLAC	E OF INJURY 21f. LOCATION	
	WHILE NOT WHILE AT WORK AT WORK	STREET, FACTORY OFFICE, FARM ETC.) STREET	CITY OR TOWN COUNTY STATE
	220.1 certify that (I) (this hospital) attended	the deceased from 1-1 10 C3	10 E - 26 10 E 3 that (1) (we) last
	sow the deseased alive an 8/7. above, (1) (we) (did) (did not) view the bo		death occurred on the date and hour and from the couses stated
9	22b. SIGNATURE	dy ofter death / DEGREE	226, DATE SIGNED
	Jame tou	ATTENDING	MEDICAL STAFF DOIRECTOR PHYSICIAN   8/27/6_
٦	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	JOINECTON FITTSICIAN L
	1 SAIME	PKINZALAN 5214	Harpod vd. 21214
1	230 BURIAL, CREMATION, REMOVAL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION
	Burial Aug.	291983 Louden Park	Baltimore County Maria
	24 FUNERAL DIRECTOR	25a. DATE	E REC'D. BY REGISTRAP TO REGISTRAR'S SIGNATURE
	Eline Funeral Home	Reisterstown Md AUG	31 1983 John & Court

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendire, physiological be detached for use as the burial-transit permit. Then please remove corbanisate with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removin MPORTANT; if them 21 is marked or them 18 shows any injury, ar other traumatic event.

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# STATE OF MARYLAND

1 - STATE CERTIFICATE OF DEATH  REGISTRAR  DEPARTMENT OF HEALTH AND MENTALTYGICHE  CERTIFICATE OF DEATH  REG. NO.								
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
	NOR MA.	Pearl	FONTE	8	8 83 103 AM			
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
	Female	White	2 25 16	67 YR	S.			
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
1	Baltimore .Md.	U. S. A.	WIDOWED DIVORCED	Baltimore Ci	tyMD.			
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	G LIFET INDUSTRY			
	Baltimore	Sinai Hospit	al	Type of work for most of workin Home Maker				
1	USUAL RESIDENCE (IF NURSING HOMEO 130 STATE Mary Land 136. COU		more   13d. Inside City Limits?		ENSRING-AUE			
0	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST			
	Arthur C	. Rossbac	h Anna	Pearl	Clayland			
1	160. WAS DECEASED EVER IN U.S. AT		SECURITY NO. 17. INFORMANT	Baltimore, Md.	21209			
	No	VE WAR OR DATES! 212 0	19 379/ Frank D. For	nte,5713 Greensp				
2	PART I. DEATH WAS CAUSI  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	DUE TO, OR AS A CONSI  DUE TO, OR AS A CONSI  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  17b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF heart lise TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUM	SUPS in MINAL DISEASE OR CONDITION WITH & ( B & 1200 AUTOPSY? 1200 16	GIVEN IN PART TIO  PULO PCL  YES, WEREFINDINGS USED  RTIFYING CAUSES OF DEATH?  YES \( \sigma \text{NO} \sigma			
	220.t certify that (I) (this hosp saw the deceased aliverally (I)	Sill Gilli	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated  22c. DATE SIGNED			
	230 BURIAL, CREMATION, REMOVAL	8/11/83	231. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	Wood Lawn Bo	altimore, Md. STATE			
	Dut our	0/11/00	" Comme delle del 9	" Down out of Do				

DHMH - 16 50M 4/82 (VRA 15, 4)

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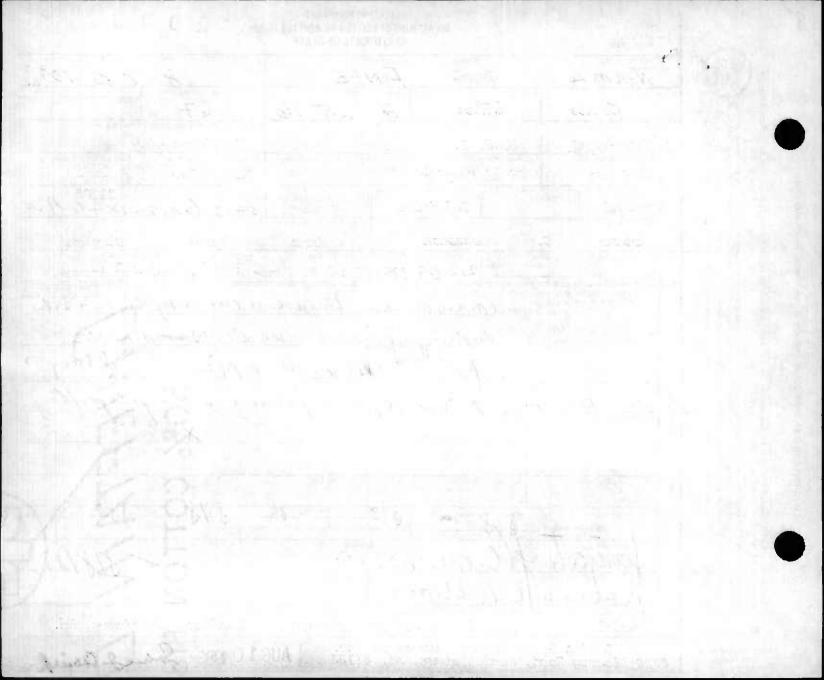
TO FUNERAL DIRECTOR: After

IMPORTANT: If them 21 is should be detoched for with the State Dept. of H

this certificate has been

M FUNERAL DIRECTOR ing Byers Funeral Directors Inc. 8728 Liberty Road, Randallstown, Md. 21133

250. DATE REC'D. BY REGISTRAR 250. BEGISTRAR'S SIGNATURE AUG 10 1983



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

	FOR STATE REGISTR	AR		DEPAR	RTMENT OF H CERTIF	EALTH AND MENTAL HY	YGJENE S	2 ( REG. NO.	) 9 3	8	
to .	I. DECEASED N (TYPE OR PRINT)		VERT	L.	FORD	AST	20. DATE OF	_	1983	26. HOUR 1:(	A OQ
	3. SEX Ma.]	e	4. RACE	ite	S. DATE C	3, 04 1895	8		YRS. DAYS		HRS.
1	70. BIRTHPLACE COUNTRY) Mary	(STATE OR FOREIGN		WHAT COUNTR	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	DAT	RECITY OR CO TIMORE	E CITY		MD.
1	10. CITY OR TO		11. NAME OF			HOSPITAL	TYPE OF WORK	CCUPATION FOR MOST OF WOR	12b. KIND (INDUSTRY)	OF BUSINESS	OR
1	Maryla Maryla		OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEF	NWC	13d. INSIDE CITY LIMITS? YES NO	322		21 bello Ter	214 race	
L	Algi	ST	MIDDLE	Ford		15. MOTHER'S MAIDEN N		MIDDLE	Walsto	st n	
	160. WAS DECE (YES. NO OR U	ASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	215-05		17. INFORMANT  Margare	t F. Qui	nn 1922	212 Edgewood		
	gave r cause underlyi		(b)	R AS A CONSEC	OC.Y.	NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITIO	ON GIVEN IN PART 1	(0	_
1	210. ACCII	OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTO		IF YES, WERE FIND CERTIFYING CAUSE YES		
	OR CONTR (IF EITHE 21d, IN) WMILE AT WORK 220.1 cer Saw obot	DENT WAS UNDERLYING  IBUTING CAUSE OF IT.  INDIFFY MEDICAL EXAMIF  RY OCCURRED  INDIFFY MEDICAL EXAMIF  RY OF WORK  INDIFFY MEDICAL EXAMIF  AT WORK  IF THE MORE  IT WORK  IT	DEATH HOUR A P P 21e. PLACE (AT HOME, ST an not) view the bady	.M. MONTH .M. OF INJURY REET, FACTORY, OFFICE De deceased from	m - 5 (	211. LOCATION 211. LOCATION STREET  213 . 19 Ind that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS 600	URRED (ENTER NA  an death accurre  MEDICAL DIRECTOR	CITY OR TOWN  CITY OR TOWN  d an the date or  STAFF  PHYSICIAN	COUNTY  19 320 nd haur and fram the	state, that (I) (we) e causes stated E SIGNED	) lost
	23a. BURIAL, CR (SPECIFY)	EMATION, REMOVA	AL 236. DATE			EMETERY OR CREMATOR	CITY	TION ORTOWN Baltimor	county Ma	ryland	E

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified of and

24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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				1111	
		Man Burl	لأتاسع المتر	LILE .SUL .	Louis . T. Eranosd

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction page 3 should be detached for use as the busici-transit permit. Then please remove carbonopagers. Pages 1 and 2 should be filed within 72 bours. If the about the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be

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injury, ar ather traumatic event, the

MPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

			CERTIF	ICATE OF DEATH		REG. NO.				
SHE K		MIDDLE		AST	20 DATE OF DE	ATH MON		YEAR	26. HOUR	
	4. RACE BLA		MONTH	OAY YEAR	6 AGE (IN YEARS	LAST BIRTHDA			IF UNDER 2 HOURS	4 HRS MIN.
EATH	U.S. F	T. HOSPITAL, NURSING	WIDOWE HOME O	D DIVORCED DIVORCED DIVORCED	BALTIM	ORE (	CITY	126 KIND C	OF BUSINES	ME SS OR
URSING HOME O	WIDDLE	BALTIM		FIRST	ME BEN	KERT			229	y
	RMED FORCES?		ITY NO.	17. INFORMANT		ADDRESS		BOVE		
mmediate ting the ise lost, GNIFICANT	DUE TO, OI  (c)  CONDITIONS CO	TYPU PLF	NCE OF	NOT RELATED TO THE TERM	IINAL DISEASE O	r condition	ON GIVEN	IN PART 10		
UNDERLYING [ ] CAUSE OF DE EDICAL EXAMINE	21b. TIME O ATH HOUR A. R) P.	FINJURY M. MONTH DAY M.		21c HOW INJURY OCCURE	YES N	OM	CERTIFYIN YES	G CAUSES		
WHILE	(AT HOME STE	REET, FACTORY, OFFICE, FAI		ZII. LOCATION STREET	Σ to A V	TY OR TOWN	12-19-	COUNTY		e) los
osed alive or	AUSUS	F 12 19 9	3_, on	DEGREE ATTENDING _	MEDICAL_	STAFF			couses stat	
	SHEK  OR FOREIGN  DEATH  E  URSING HOME O  131 COU  ATH (Enter of WAS CAUSI  IMMEDIA  IMMEDIA  OR FOREIGN  OR FORE	SHEKEILA  4. RACE BLA  OR FOREIGN 76 CITIZEN OF 1  DEATH 111. NAME OF I  E  UNBSING HOME OR OTHER INSTITUTION.  MIDDLE  ER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  ATH (Enter only one couse per IWAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, O  (c)  IGNIFICANT CONDITIONS CO  RATION 196. CONDITIONS CO  RATION 196. CONDITIONS CO  RATION 196. CONDITIONS CO  RATION 196. CONDITIONS CO  CAUSE OF DEATH LEDICAL EXAMINER)  UNDERLYING 1 216. TIME O  HOUR A.  LEDICAL EXAMINER)  URRED 216. PLACE:  (IAT HOME STE  WHILE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SHEKETLA  4. RACE  BLACK OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?  11. NAME OF HOSPITAL, NURSING TOTHN SCH MOPERITES  URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTTIM  MIDDLE  HARRIS  ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  ATH (Enter only one couse per line for (g), (b), and (WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENT  OUNTY  DUE TO, OR AS A CONSEQUENT  (c)  GOIFICANT CONDITIONS CONTRIBUTING TO DI  WANTE CAUSE OF DEATH LEDICAL EXAMINER)  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)  WHILE  WHILE  WHILE  (I) (this hospital) attended the deceosed from  WHILE  (II) (this hospital) othended the deceosed from  IMPLICATION  110 PLACE  111 PLACE  112 PLACE  113 PLACE  114 PLACE  115 PLACE  115 PLACE  116 PLACE  117 PLACE  118 PLACE  119 PL	SHEKETLA  FORT  1. RACE  BLACK  BLACK  OR FOREIGN  7. CITIZEN OF WHAT COUNTRY?  8. MARRIER WIDOWE  DEATH  11. NAME OF HOSPITAL, NURSING HOME OF  JOHNS HOPKINS HOS  UNDERSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN  BALTTMORE  MIDDLE  HARRIS  ER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  I WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  INJ. which use lost,  (c)  GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  I CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M.  19. CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M.  19. WHILE  WORK  WHILE  VALUE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE  WORK  WHILE  VORK  11. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  10. OSSECT Blive on A CONSEQUENCE OF  11. AND AMOUNT DAY YEAR P.M.  19. CONSEQUENCE OF  19. AND AMOUNT DAY  VEAR P.M.  19. OSSECT BLIVE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  10. OSSECT Blive on A CONSEQUENCE OF  10. OSSECT BLIVE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  10. OSSECT Blive on A CONSEQUENCE OF  10. OSSECT BLIVE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  10. OSSECT BLIVE ON THE CONSTRUCTORY OFFICE, FARM, ETC.)	SHEKETLA  FORD  4. RACE  BLACK  BLACK  AUGUST  1. 198.  MARRIED  NEVER MARRIED  NO  NEATH  NEVER MARRIED  NEVER MARRIED  NO  NEATH  NEVER MARRIED  NEVER MARRIED  NO  NEVER MARRIED  NEVER MARRIED  NO  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NO  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NO  NEVER MARRIED  NEVER MA	SHEKEILA  FORD  AUGUST  4. RACE  BLACK  BLACK  AUGUST  1. 1983  MARRIED  NEVER MA	SHEKETLA  FORD  AUGUST 12,  6 AGE (INYEARS LAST BIRTHODA AND AND AND AND AND AND AND AND AND A	SHEKEILA  FORD  AUGUST 12, 1983  A GE (IN YEARS LAST BRITHDAY)  BLACK  BLACK  BLACK  BLACK  AUGUST 1 1983  OR FORESON  BLACK  BLACK  AUGUST 1 1983  OR FORESON  BLACK  BLACK	SHEKEILA  FORD  AUGUST 12, 1983  **PURCE 1988  **PURCE 198	SHEKEILA  FORD  AUGUST 12, 1983  10:2  1 RACE    S. DATE OF BIRTH

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

CREMATION 24. FUNERAL DIRECTOR

NAME

8/13/83 | JOHNS HOPKINS ADDRESS

50. DATE REC'D. BY REGISTRAR OF REGISTRAR'S S

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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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in.	0	/		

1	REGISTRAR		CERTIFICATI	OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	JULIA	MCHENRY .	FRANCE	Ξ	8/	483 1535
	3. SEX	4. RACE	S. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	Feb. 2		81 YRS.	
7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	IEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	MD	USA	WIDOWED [	DIVORCED	Baltimore C	ity MD.
1	0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
1	Baltimore	Keswick Hom			Homemaker	Own Home
6	USUAL RESIDENCE (IF NURSING HOME O	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE		ISIDE CITY LIMITS?	130 STREET ADDRESS	
1		ltimore Upperd				21155
2	FATHER'S NAME	MIDDLE LAST	15. MC	THER'S MAIDEN NA	ME	LAST
	John	McHenry	3/-14	Priscilla	Α.	Stewart
2	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU	RITY NO. 17. IN	FORMANT	ADDRESS	
	No	212 26 8	3900 R	bert L. I	Randolph, Tow	son, MD
	18 CAUSE OF DEATH (Enter o	only one couse per line for (o), (b), one	d (c),	0	6.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ATE CAUSE (o) HISh OL	it pert	ardiae	talune	18 hours
	2009	DUE TO, OR AS CONSEQUE	NCE OF	1	۵	
	Conditions, if any, which	( 16) Mojou	mel,	Anemi	12	1115.
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSTOUR	NE OF		1.	/
	underlying cause lost.	(c) Cold	46 dut	unin (	worder	413.
		CONDITIONS CONTRIBUTING TO E	DEW BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
	E Karaly Tr	Ilous L	4 km	duvati	on	
1	U IN DATE OF OPERALION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED		WERE FINDINGS USED TYING CAUSES OF DEATH?
-	TIO. ACCIDENT WAS UNDERLYING [					S NO
1	ON CONTRACTOR OF THE		AY YEAR ZIG. H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2]
	S (IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK		//2-	0 =	010	- 67
		pital) attended the deceased from_	6 -2	is (my) /a=1 spinion	death accurred on the date and hou	19_0_2, that (I) (we) lost
	obove, (I)	n 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGRE		deall accorded on the date and had	22t. DATE SIGNED
	M. SIGINAL CONTRACTOR	In (1111/)	DEGRE	ATTENDING	MEDICAL STAFF	8.111.07
_	224 PHYSICASIUS NAME THE	Committee	1220 4	PHYSICIAN [	DIRECTOR PHYSICIAN	187983
	flas Fr	BLET UND		00 (1) 41	oth Strat Back	1+ 71711
_	700 00		7	00 00 10	Tour ocation	AD AILII
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)			RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial 24. FUNERAL DIRECTOR		- 1	nas' Ceme	etery Garrisoi re rec'd, by registrar is a factor	n Forest, MD
1	NAME Henr	y W. Jenkinses&	Sons C	0.	HOW TO SEE	COS OF FORM

21212

MD

DHMH - 16 50M 4/B2 (VRA 15, 4)

4905 York Road

Balto.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filk with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be

retained by the hospital or ottending physician.

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9-6-83

Leonard J. Ruck, Inc., 5305 Harford Rd.

Gardens of Faith

11/10/83 Items 18-22a mtb

- STATE

. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3017 Oakcrest Ave. 21234 Fleischmann Joseph C. Frank. 3017 Oakcrest Ave. BETWEEN ONSET AND DEATH 20 AUTOPSY? YESXX NO [ Baltimore. Md. and in my opinion 8-31-83 23d. LOCATION Balto., Md. SEP 1 1983

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31 1983

1983

12b. KIND OF BUSINESS OR INDUSTRY

2d HOUR

1:17

**DHMH - 17** (VR A15 ME (5) 20M 4/B2

Burial

24 FUNERAL DIRECTOR

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TO FUNDERAL DIRECTOR. After the certificate has been signed by the attending physician and campletely filled in by the handle be detached for one as the burnal training permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hydrone prior to burial, cremation, at removal.

injury, ar ather traumatic event, the

MPORTANT: If Nem 21 is marked or Nem 18 shows any

STATE OF MARYLAND
FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE 3

20942

	REGISTRAR		CER	TIFICATE OF DEATH	REC	3. NO.		
	CEASED NAME FIRST (CAPPRINT)	TIE M.	FRANKLIN	LAST	AUGUST		783	26. HOUR AM
3. SEX	F	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LA	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) VA.	76. CITIZEN OF		RRIED NEVER MARRIED	BALTIM	ORE, CI		MD.
1	TY OR TOWN OF DEATH ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HOA TH FACILITY, GIVE STREET ADDRESS ION MEMORIAL	ME OR OTHER INSTITUTION HOSPITAL	120. USUAL OCCU (TYPE OF WORK FOR M.	OST OF WORKING LIF		F BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOLTATE 136)	BACTE	GIVE RESIDENCE BEFORE ADMISSI 134. CITY OR TOWN ESSEX	13d. INSIDE CITY LIMITS		SS 21 ARNO	LIFFE	RD.
16a, W	THER'S NAME FIRST  ARRY VAS DECEASED EVER IN U.S. VAS DO RUNKNOWN)  (IF YE	MIDDLE FR.  ARMED FORCES?  S. GIVE WAR OR DATES!	ANKLIN 166. SOCIAL SECURITY N 2187673		MIDD	HOMP.	SON LAS	Rowson
7	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause lass	DUE TO, O  b  c  DUE TO, O  b  c  DUE TO, O  c  C  DUE TO, O	RAS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	Δ	TERMINAL DISEASE OR	ONDITION GIV	EN IN PART 10	a diceasu
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPERA		200 AUTOPSY?  YES NO	29b. IF YES	, WERE FINDIN YING CAUSES S	IGS USED
MEDICAL CER	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this I saw the deceased aliv above, (1) (we) (did) (d	OF DEATH HOUR A. MINER)  21e. PLACE (AT HOME, STI )  conspital) pttended the an	M. MONTH DAY YE M. OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	19 211. LOCATION STREET  19 211. LOCATION STREET  2 3 19 ond that in (my) (aur) apid	83 to 8	or town	COUNTY  19 83, r and fram the	
	22d. PHYSICIAN'S NAME (	SOLUTIVE OR PRINT)	le, mo	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	N DIRECTOR PH		8/2	23/83
- 1	COLEEN JU  BURIAL, CREMATION, REMO SPECIFY  BURIAL  UNERAL DIRECTOR	VAL 236. DATE	6/83 OAK	DF CEMETERY OR CREMATO	DATE REC'D. BY REGIST	170.	COUNTY 4	STATE
	NAME	VELLY	300 M	ACE	AUG 2 4 198	6000		

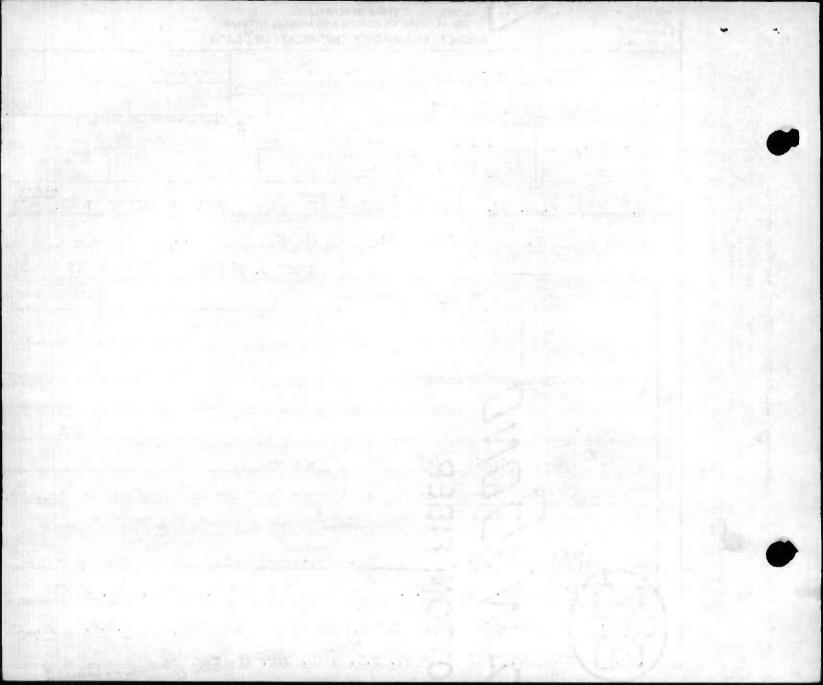
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DIRECTOR.

FUNERAL DIRECT

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	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEAL	MARYLAND TH AND MENTALBY TE OF DEATH	GIENE 2 0	9 4 4
		CEASED NAME FIRST OR PRINT) THELM	MIODLE F	RANT	UM	28 DATE OF DEATH MONTH	23 83 4 2 M
	3. SEX	F	4. RACE  Cauc. 7b. CITIZEN OF WHAT COUNTRY?	5 DATE OF B	26 16	6 AGE (IN YEARS LAST BIRTHDAY)	
5	P	itoona, Pa.	U.S.A.	MARRIED WIDOWED		Baltimore City or Coul	MD.
4	E	Baltimore	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH EACILITY, GIVE STREET	ADDRESS)	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Welder	17.6. KIND OF BUSINESS OR INDUSTRY Penn. R.R.
5	13a. S <b>N</b>	Maryland 36 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130. CITY OR TOW Balti	more 13d	INSIDE CITY LIMITS?		21230 rne Ave. Apt. A
Z	E	larnest 1	H. Dungee		MOTHER'S MAIDEN NA	Louise	Knote
		No	y one couse per line for (o), (b), on BY:	-964B	George I  COL  PERITO	ITIS C	O Marbourne Ave
		gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE		T RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART I (0
7	CERTIFICATION	Gastrointestine	bleedig: Chronic  To Sondition FOR WHICH  Untestinel	OPERATION W			Hypotensin , leptote , yes, were findings used rtifying causes of Death?  YES \( \sigma \) NO \( \sigma \)
7	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY	AY YEAR	t. HOW INJURY OCCUR	RED (ENTERNATURE OF PUBLICATION	18 PART I OR PART 2)
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F		STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hospital saw the deceased alive an abave, (I) (we) (did) (did not	8/22.1	3, and th	ot in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
		226 SIGNATURE AD DO		DEG	REE		224 DATE SIGNED

22e ADDRESS

236 NAME OF CEMETERY OR CREMATORY

Cedar Hill

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical DHMH-16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

BHASIN

23b DATE

8-26-83

ATORY 23d. LOCATION
CITY OF TOWN
5829 Ritchie Hwy. G. B., Md.
250. DATE REC D. BY REGISTRA 1736. REGISTRAR'S SENATURE
AUG 251983

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6 HAMMONDS

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PHYSICIA
ITENDING PHYSICIAN: The law requires that the death certificate be executed within 22

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20945

-	REGISTRAR				CERTIF	FICATE OF DEATH	REG	NO.			
	CEASED NAME	FIRST	/	MIDDLE		LAST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR	
HTPE	T	HEO D	ORK	I.	F1	RICK		08	30 83	315 AM	
3. SEX	MALE		4. RACE Cu H	ITE	5. DATE (		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR I COUNTRY) Marvland	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY			MD.	
6	ALTEMS R	<	(IF NOT IN SUC	NAT HE	GHOME ( ADDRESS)  SPITI	OR OTHER INSTITUTION	12a. USUAL OCCUP. (TYPE OF WORK FOR MO: Retired-	TOF WORKING	LIFE INDUSTRY	Trucking	
13a. S	AL RESIDENCE (IF NURS STATE Maryland	13b. COUN	OTMER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW  Baltime	N	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRES 3807 Edno		- 21218		
	THER'S NAME FIRST		MIDDLE	Frick		15. MOTHER'S MAIDEN NA. FIRST AVAION	WIDDLE		Lang	rall	
()	VAS DECEASED EVER YES, NO OR UNKNOWN) <b>NO</b>		MED FORCES? E WAR OR DATES)	215-03-		17. INFORMANT  Eleanor J.		ame a			
	18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b), and	d (c	51 10 1-11			BETWEEN	ONSET AND DEATH	
NTION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO		GIVEN IN PART 1:			
CERTIFICATION									TIFYING CAUSES	NG CAUSES OF DEATH?	
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WED	21d. INJURY OCCUR	AILE	210. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OF	TOWN	COUNTY	STATE	
	22a. I certify that (I) sow the deceas abave, (I) (WE) (22b. SIGNATURE	ad alive on	7/30	19_8		nd that in (my Cour) opinian  DEGREE  ATTENDING		date and h	nour and from the		
	224. PHYSICIAN'S N.	-	EBER	; elen		220. ADDRESS 4 ST.NAT HOS	DIRECTOR PHY	SICIAN	WG-@ BE	LUEDERE	
23a E	BURIAL, CREMATION, (SPECIFY) B <b>URIAL</b>	REMOVAL	23b. DATE 9-2-8	33	Dulan	EMETERY OR CREMATORY  ey Valley	23d. LOCATION CITY OF TOWN Timoni		alto.	Md.	
	UNERAL DIRECTOR NAME TOWSO	n Fun	eral Hor	ne, Inc.	1050 Towso	York Rd. 250 DAT n,Md. 21204 AU	G 3 1 1983	AR 25h REG	ISTRAR'S SIGNAT	URE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

retained by the hospital ar attending physicion.

TO HOSPITAL OR A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar remavol.

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MPORTANT: If them 21 is marked ar Item 18 shows any

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours within death. Pager 4 year-	•	
etoined by the haspital or attending physicion.	•	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illed in by the funeral afterone.		
should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be field within 72 hours interested to	_	
with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	-	

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

						REG.				
	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
TYPE	E OR PRINT) BRINLE	Y (	G. FRIED			Aug	UST	16.198	3 7:3	3
3. SEX	X	4. RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST	AR IF UNDER	24 H		
3. 00,	M	W		MONTH DA				MONTHS DA	S HOURS	MI
1				2 1	5 1918	65	YRS			
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED DE NEV	ER MARRIED	9 BALTIMORE CITY BALTIMO				
	Maryland	U.S	3.A.	WIDOWED	DIVORCED [	DIMITAL	,1(1) 01		17.46	
10. CI	ITY OR TOWN OF DEATH			NG HOME OR OTHER	NSTITUTION	120. USUAL OCCUPA			OF BUSINE	SS
В	BALTIMORE	UNTON	TEMORTAL PEET	HOSPITAL		retire		LIFET INDUST		
USUA	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION	I, GIVE RESIDENCE BEFOR	E ADMISSION)		· Terms	401	- Ac	P Tel	-61
13a. S	STATE 136 COL	YTAL	13c. CITY OR TOW		ECITY LIMITS?	130 STREET ADDRES	S	2	181	/
14 5	Md.		Baltim		NO [		ch As	renue	7161/	
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	IS MOTH	ER'S MAIDEN NA	WE			LAST	
	Floyd		Fried		Grace			Will	iams	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	CES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS							
17	ves, no or unknown) {IF ves. o	NE WAR OR DATES)	213-03-6091 Vera S.Fried 3717 Beech Andrews						to. Md	
	18 CAUSE OF DEATH (Enter of	only one cause se				^		APPR	OXIMATE INTER	
	PART I. DEATH WAS CAUS	SED BY:	Probable	Palmena	y Emba	lus		30		_
	I I S ON IMMEDIA	ATE CAUSE (a)	11000000	1 000 00	1			36	, MVI	-
	7280	DUE TO, O	R AS A CONSEQU	ENCE OF				1	CAR	-
	Conditions, if ony, which	(6)	CHF				TENKS			
										_
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF .	0. 74	J11, T.,		1		
	gove rise to immediate	DUE TO, O	ENTERO	ENCE OF	PNEUMO	OW IA		1	WK	
	gove rise to immediate couse (a), stating the	(c)_	ENTERO	HUER			INDITION (	GIVEN IN PART	WK	
NO	gove rise to immediate couse (a), stating the underlying couse lost.	(c)_	ENTERO	HUER			NOITION (	GIVEN IN PART	WK	
ATION	gove rise to immediate couse (a), stating the underlying couse lost.	(c) CONDITIONS C	ENTERO CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM		20b. IF \	ES, WERE FIN	WK 100	
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DHMH - 16 50M 4/B2

> 74. FUNERAL DIRECTOR
> A. Alan Seitz, Jr. 3818 Roland Avenue Balto. (VRA 15, 4)

retired | C & parties Arran ( page 1945) BYCH<u>É</u> LEM BYOL'S er er 213-33-5091 Tera B. Pried 3717 Edech Ave. Edito. Md. Districts Section of 127/31 0/20/33 Parkwood LOTE THE A. Alan Seitz, Jr. Boid Roland Avenue Balto. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE \*

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1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	03	REG. NO	U	7 4	/	
	CEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF			DAY YEAR	2b. HOUR	
(TYPE	OR PRINT)	JAME	S REY	NOLDS	FRI			08	/03/	83	6:0	)9 <sup>P</sup> <sub>M</sub>
3. SE	K		4. RACE		5. DATE C		6 AGE (IN)	YEARS LAST BIRTH		MONTHS DAYS	IF UNDER 2	4 HRS
	Male		Wh	nite	Augu		7.	5	YRS.			
	RTHPLACE (STATEO	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 ************************************	NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH		
l '	Marylan	d	Ţ	ISA	WIDOWE		BALT	TIMOR	E C	ITY		MD.
10. CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATIO	N	126. KIND C	OF BUSINES	S OR
	ALTIMORI		THE J	OHNS HO	PKINS	HOSPITAL		r and erman	WORKING LIF	and L	Canni	ng
13a. S	AL RESIDENCE (IF NO	13b COU	ROTHER INSTITUTION. NTY	13c. CITY OR TOW	ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET	ADDRESS	P. C	D.Box 1	0	
. IV	laryland	Quee	nAnne's	Queenst	own	YES NO .	Bowl:	ingly	Lane	21658		
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I	AME	MIDDLE		IA!	ST	
	Samuel Ed	ward	Whiting	Friel		Martha	Washin		Denwo	ood Re	ynold:	S
	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.		ife	ADDRES	55 P.O.	Box 10		
Separate (	NO (NO OR UNKNOWN)	( IF YES, GI	VE WAR OR DATES)	214-03-3	100	Mrs. Mary P					2165	8
	18 CALISE OF DEA	TH (Enter or	nly one couse per	line far (a), (b), and	1(0)	111101111111111111111111111111111111111	12202	9,000	110 00 11		ONSET AND D	
	PART I. DEATH	WAS CAUSE	D BY:	-ARDID DI	11 1100	NARY ARR	EST			SETWEEN	ONSET AND D	CAIL
	4775	IMMEDIA	TE CAUSE (a)	היועוקיי		MOTHET TOTAL						
	1212		DUE TO, O	R AS A CONSEQUE	NCE OF							
	Conditions, if on gove rise to in		(b)									
	couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF UNKNOWN ORIGIN											
	Underlying caus	se last	( (c)	TENER	OIVA	WWW ORI	ain					
-	PART 2 OTHER SIG	SNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR COND	ITION GIV	EN IN PART 1	a ·	
õ	Small Control									- 70		
CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?		S, WERE FINDI		12
F							YES/X	NO		5	NO [	1;
E	210. ACCIDENT WAS U	NDERLYING [				21c. HOW INJURY OCC	JRRED (ENTER NA	TURE OF INJURY	Y IN ITEM 18 P	PART I OR PART 2)		
THE STATE OF	OR CONTRIBUTING		AIR	M. MONTH DA								
MEDICAL	(IF EITHER, NOTIFY ME		21e PLACE	M. OF IN ILLEY	19	21f. LOCATION						
ME	WHILE   NOT	WHILE		REET, FACTORY, OFFICE, F	ARM ETC )	STREET		CITY OR TOW	VN	COUNTY	517	ATE
	AT WORK AT W	ORK			2/10		- 7	ola		. 87		
	22a. I certify that (		617		2311	19	, to	8/3			that (I) (w	
		(did) (did no	ot) view the bady	after death.		nd that in (my) (our) apinio	on deoth accurre	d on the dat	re and hov			ed
	226. SIGNATURE	IAAA	100.			DEGREE	uspic	57.45	-	22c. DATE	SIGNED	7
	8 M	( The	lude	ND		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI		8	3/8	5
	22d. PHYSICIAN'S	JAME (TYPE	OR PRINT)		19	22e ADDRESS	1 - 1 - 1					
	SM	HOL	LAVD	MD		JBHNS 1-	6PKINS	HOSF	177AL	_		
230	BURIAL, CREMATION	L PEANOVAL	23b. DATE	123, N	JAME OF C	EMETERY OR CREMATOR		1 4	- / /			
	(SPECIFY)						CITY	ORTOWN		COUNTY	ST/	ATE
24.5	Burial				. ret	er's Cemeter		enstow		A. CO.	Md.	
24 FI	UNERAL DIRECTOR	Dar to		ADDRESS	1	The state of the s	ATE REC'D. BY	EGISTRAR Z	130 KEGIST	KAK S SIGNA	• A	
Ja	umes H. Ba	rton.	Jr. Ce	entreville	e, Md	. 21617	O F SUL	1983	10-hu	- to Co	hulf	

DHMH - 16 50M 4/82

Barton, Jr.

James H.

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pishauld be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filted within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

injury, or other troumotic event, to

IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR

(VRA 15, 4)

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etoined by the haspital or ottending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

INERAL DIRECTOR

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20948

250. DATE REC'D. BY REGISTRAR 256 MG STRAR'S SIGNATURE

REGISTRAR				CERTIFICATE	OF DEATH	REG	3. NO.		
1. DECEASED NAME	FIRST	MIDI	DLE	LAST	- ^	20. DATE OF DEAT		DAY YEAR	26. HOUR
	CVE	RETT		PUHRI	ER	0		,	W
SEX M		4. RACE	5	DATE OF BIRTH	- 1920	6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE COUNTRY)		76. CITIZEN OF WH	A	MARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CIT	TIM OF		TY, MD.
BALTO			SPITAL, NURSING	DRESS)	NE.	12a. USUAL OCCU	OST OF WORKING LI	FE) INDUSTRY	EIGERATI
USUAL RESIDENCE (IF	NURSING HOME OR 13b. COUN	OTHER INSTITUTION GIV ITY 13	E RESIDENCE BEFORE AD	13d. INS	IDE CITY LIMITS?	130. STREET ADDRI	12 %	7	34 4VE.
FATHER'S NAME	EORGE	MIDDLE TU	HRER	15. MO	THER'S MAIDEN NA	AUDO	OND.	LAS	57
WAS DECEASED E	VER IN U.S. AR		b. SOCIAL SECURI		. Ilnia	E. July	odress er - 76	IL Bag	21234 ly Clor
Conditions, if gove rise to couse (a), sunderlying c	ony, which immediate tating the ouse lost.	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONDITIONS CON	S A CONSEQUEN	CE OF	LATED TO THE TERM	d LS C4		VEN IN PART 1	gl ars
19a. DATE OF OP	ERATION	, -	ON FOR WHICH O	PERATION WAS I	PERFORMED	200 AUTOPSY?	IN CERTA	S, WERE FINDING CAUSES	
OR CONTRIBUTING  (IF EITHER NOTIFY  21d. INJURY OC  WHILE AT WORK  22d. I certify the  sow the de	CAUSE OF DEA MEDICAL EXAMINER CURRED CURRED CIT WORK CIT (1) (this hospiceosed drive on the control of the cont	P.M. 21e. PLACE OF (AT HOME, STREET tol) attended the c	MONTH DAY  INJURY , FACTORY, OFFICE, FARI  deceased from	YEAR 19 211. LO M. ETC.) 211. LO DEGREE M, D	CATION STREET  , 19 77  n (my) (curr) opinion  ATTENDING	city  to Aug deoth occurred on to Director Ph	ORTOWN  Ghé date and has	county  19 § 3  or and from the	
230. BURIAL, CREMATI	ON REMOVAL		23c. NA	ME OF CEMETER	Y OR CREMATORY	23d. LOCATION	VN AITO	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

EVERETT FUHRER 8-9-83 Ed 25P1-25-31 MARYLAND USA, \* BALTIMORE CITY, BALTO, 2801 GUILFORD AVE. REPHEMAN SEPERCERATUR MD - BALTO PALIS TOLLE BAQUEY AVE. GEORGE H. FUHRER BOND YES I WIN IT A19-01-8860 MM. Aldria E. Fulner - Tok Boylight BURIAL 8 12-83 PROKEDOGD CEA House Visit Handers Rd.

FOR
STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

20949

		REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.		
		CEASED NAME E OR PRINT)	Mari		C.		uller	Aug. 23,	MONTH	DAY YEAR	2b. HOUR
	3. SE	X Female		White		5. DATE (		6. AGE (IN YEARS LAST E	BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
5	7a. Bi	RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	U.S.		MARRIE WIDOW	ED NEVER MARRIED DED DIVORCED	9. BALTIMORE CITY Baltimo		4+	MD.
3		Baltimore		2614	Robb S	treet	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Domesti		126. KIND ( INDUSTRY Ker	OF BUSINESS OR
7	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		Balti	TOWN	13d. INSIDE CITY LIMITS? YES NO 🗌	13e. STREET ADDRESS 2614 Robb		et 2	1218
0		Albert	٨	AIDDLE		ver	Sarah	WIDDLE		Lyt1	.sī <b>e</b>
	0	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)		4-1306	Karen Ilgen:	fritz 702		er St.B	alto. Md.
1	CERTIFICATION	Canditians, if any gave rise to im- cause (a), static underlying cause PART 2. OTHER SIGI	mediate ng the last.	ONDITIONS CO	Ontributing		NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES, WERE FINDI	INGS USED S OF DEATH?
)		21a. ACCIDENT WAS UNI	CAUSE OF DEAT	n .	OF INJURY M. MONTH	H DAY YEAR	21t. HOW INJURY OCCUR	YES NO X		PART 1 OR PART 2)	но 🗌
	MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK AT WO	HILE	21e. PLACE		OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR 1	rown	COUNTY	STATE
		22a. I certify that (I) saw the decease above, (I) (we) (	ed alive an	11 luga	us	19.83 o	nd that in (my) (por) apinian	death accurred an the	date and ha	, 19 <u>83</u> , ur and Iram the	that (1) (we) last causes stated
		226. SIGNATURE	NB	unafy	ms			MEDICAL ST DIRECTOR PHYS	AFF ICIAN [	23 C	Rug 83
		John W. 1	Barnab	y, M.D.				lvedere Ave	. Bal	timore,	Md.
	{	BURIAL, CREMATION, (SPECIFY) <b>Burial</b>	REMOVAL	23b. DATE Aug. 25	,1983		ove Methodist	23d. LOCATION CITY OR TOWN Rayvil			Md. STATE
	24 FU	eonard J.	Ruck,	Inc. B	altimo	re, Mary	rland AUG	2 4 1983	Prop. REGIS	JA GA	TURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

Aws. 23, 1963	TOLINE	.0	NC x 12	
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Figure 2000 18218 Parents and 100 100 1				bme. Ties
Lytle	Elm Sercia	16779.		Predict
	eri nerel	21-1-12		
Frank is a second				
A STATE OF THE STA	3 7		A 0	1, 2,3
effivel :	in a cyar	resil fint,	02.507	Jul-sud
		all the relation	.ori .100	. L branouI

1	PAT)	1
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may' be etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pour should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 showld be filed within 22 hours after demand the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic event, the nedical grantines missible hostified disalled

FOR Item 19b film 583

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHENE

9

REGISTRAR			EKI IFI	CATE OF DI	AIH	REG. NO	).		
1. DECEASED NAME FIRST	WIE	DDLE	ŧ.A	AST		20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE OR PRINT) William	H		GAF.	FNCY	Sr	8	/12	182	9 55 BM
3. SEX	4. RACE		DATE O			6 AGE (IN YEARS LAST BIRE		FUNDER 1 YEAR	
Male	White		octo.	ber 6,1	898°	84	YRS.	ONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8.	AA A DDIED	□ NEVER M	APPIED T	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
Maryland	U.S.A		VIDOWE		ORCED	Baltimore	City		MD.
Baltimore	(IF NOT IN SUCH !	SPITAL, NURSING I FACILITY, GIVE STREET ADD h Hospita	RESS)	R OTHER INSTI	NOITUT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSU) Retired	ndry us	nbear	of Business or ntendent
OSUAL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION, GI	IVE RESIDENCE BEFORE AD	MISSION)			1	S. GOT	212	234
Maryland Bal		3c. CITY OR TOWN Parkville		13d. INSIDE CIT	Y LIMITS? NO 🛣	13e. STREET ADDRESS 2805x8xxx	am Co	old Sti	ream Way
14. FATHER'S NAME	WIDDLE	1457		15. MOTHER'S		ME		1.44	
James	A	Gaffney	11.0	Ma	ry .	WIDDLE	7	rmeli	ng
160. WAS DECEASED EVER IN U.S. A		66 SOCIAL SECURIT	YNO.	17 INFORMAN	IŤ	ADDRE	SS		
Yes (14 Yes, G	VE WAR OR DATES)	218-22-0	457	Mr Ja	mes A	Gaffney 292	1 2km	Church	h Rd
Conditions, if ony, which gave rise to immediate cause (ol.) stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  GRS/Auckess  19a. DATE OF OPERATION  SIGNIFICANT  21a. ACCIDEN WAS UNDERLYING	DUE TO, OR A  DUE TO, OR A  CONDITIONS CON  19b. CONDITIONS  COLOM  19b. CONDITIONS  21b. TIME OF	AS A CONSEQUENCE  AS A CONSEQU	CE OF  WE ATH BUT I	ound o	MED		20b. IF YES, IN CERTIFY YES	WERE FINDII ING CAUSES	
OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d. IN JURY OCCURRED			19						
71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, FARM	A,ETC )	211. LOCATIO	٧	CITY OR TO	WN	COUNTY	STATE
270.1 certify that (1) (this haspessow the deceased alive to above. (1) (we) (did) (did in 27th. SIGNATURE  Little 1776. PHYSICIAN'S NAME (TYPE)	n 6/17 at) view the body of	19		DEGREE	TENDING HYSICIAN	MEDICAL STAP	F	22c DATE	that (# (we) lost e causes stated E SIGNED
23a. BURIAL, CREMATION, REMOVA	1 23b. DATE		ME OF C	EMETERY OR CI	ENATORY	123d LOCATION	7011701	7/	
(SPEC#Y)					WMAIOKI	CITY OR TOWN		COUNTY	STATE
Burial 24 FUNERAL DIRECTOR	8/20/8	3 1 1	Parkv	vood	250 DAT	Baltimo:	re. Ma	ryland	THE
AT TOTTERAL DIRECTOR					130. DAT	E REC D. DI RECIJIKAR	TAR KEODINE	ANDICIONA	IOKL

DHMH - 16 50M 4/B2 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

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**DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EVAMINED'S CERTIFICATE OF BEAT

2035

	1 - 5	FOR STATE			DEPARTMENT OF THE PARTMENT OF			AND M	ENTALH		E 2	0	) 5	1	•
2		REGISTRAR CEASED NAM	F FIRST	MEL	MIDDLE	WWIINE		AST	CATEC	1 0 5 7	2 0475 00	REG. NO.		DAY YEAR	MI HOUD
		OR PRINT)	Bernar	^do	Mode			alang	i			ESTI-	8/23/		26 HOUR
	3. SEX		4. RACE	5. DATE OF BIRTH		AGE (IN YEAR	IF UNI	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTH I	DAY YEAR	24: HOUR
			Asian	8-20-3	38	45 YRS		DAYS	HOURS	MIN	PRONOUNC DEAD		8/23/		P M
Y	a. BIF	PHILACE IS Phill	ipines	Phill:			MARRIE		VER MARR		Baltimo	more	-	OF DEATH	440
Ĺ	H. CIT	Y OR TOWN	OF DEATH	11. NAME OF HOSE Lipnot in such FAC Liberian	PITAL NURSIN	NG HOME,	OR OTHE	R INSTITU		12a USL	JAL OCCUPA MOST OF WORKIP	TION (TYPE		OR INDUST	
1				ROTHER INSTITUTION, GIV				ner			A.B.			Mariti	ime
1	130. ST		H3b COUNT	TY	13c. CITY OR			13d. INSIDE (	NO 🗆		erry		St.	Eulic	19
15/	14. FA	THER'S NAME		MIDDLE	LAST			15. MOTHE	ER'S MAIDE	EN NAME	MIDI	OLE			Labon
Z			Unknown						Unkr	Own				C+	-
0		AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL	SECURITY I	VO.					ADDRESS		- 30	- •
2								Tern	nina]	LSn	ippin	g 140	)0 E.	Clem	lent
		18. CAUSE C	F DEATH (Enter onl	y one couse per line	for (o), (b), on	id (c).)								APPROXIMAT BETWEEN ONSE	
		PARTIDE	ATH WAS CAUSED	E CAUSE (o)	ranio-	cereb	ral	traum	ia						
	7	419	10	DUE TO, OR	AS A CONSEC	DUENCE OF									
			ns, if ony, which se to immediate	(b)											
		couse (o	stating the under-	< /	AS A CONSEC	DUENCE OF									
		lying cou	ose lost.	(c)									24.51		
	N	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH R	RUT NOT RELATED T	TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
+	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHI	ICH OPERA	TION WA	AS PERFOR	MED?					20. AUTOPSY	13
/	FIC	138		1										YES 🕡	NO 🗆
7	ER		AL CAUSE WAS	216. TIME OF	INJURY		21c.HO	WINJURY	OCCURRE	DENTER	NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2		
3	MEDICAL		NG CAUSE OF D	Aboute AXX	8/23/2 OF INJURY (A	839	as <sup>c</sup>		s rol	188t	weer h	nto h	and.co	ver of	f ship
	MED	WHILE AT WORK	NOT WHILE C	STREET, FACT	ORY, FARM, ETC.)	AT HOME.			ge 2.	410	O Newk	irk S	t. Bal	to. M	d.
7		and the same of th	A PRINCIPLE OF	al time remains desc	Title of the last	held on	Autops		Inspectio		Inquiry	7	in my opinio		
27	1	death result		alcouses .	Colent X	Suici	-	Homic			ermined moni		iii iiiy opiiii	,,,	
1			///	1	1116	4	17		PECIFY)						
-	,	ACTUAL SIGNATURE,	(Kb	Corlac	10 76	ans	1			ie£ED	ICAL EXAMIN	VER .	DATE SIGNED_	8/24	/83
1		EXAMINER'S	NAME Tho	omas D. Sm	nith M	D	1		111	Donn	C+	D-1+0	Md	21201	
-	77a PI	(TYPE OR PRI	TION, REMOVAL 2			AE OF CEME		DDRESS_			St.,	Daito	. I'lu .	21201	
	(5)	PECIFY)	- C			TE OF CEME	TERT OR	CKEMAIC	JKT	CITY	OR TOWN		COUNTY		STATE
	24 FL	Buri INERAL DIREC		8-30-83	5	2	120	c I	25a. DATE	REC'D. BY	Phi 1	1 ini	RAS SIGI	NATURE	
		NAME		er Inc-	6/15			0		UG2		Joan		R. Cara	: 1
		John		LUL LIIC-	OTTO	DeTg	r_l	KO.	1 11/4	-	U DUU	1. 11	1	in strains	FASA

Michigan City

# FOR - STATE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

BB	2	3/29	63
2 0	1	2	2
EG NO			

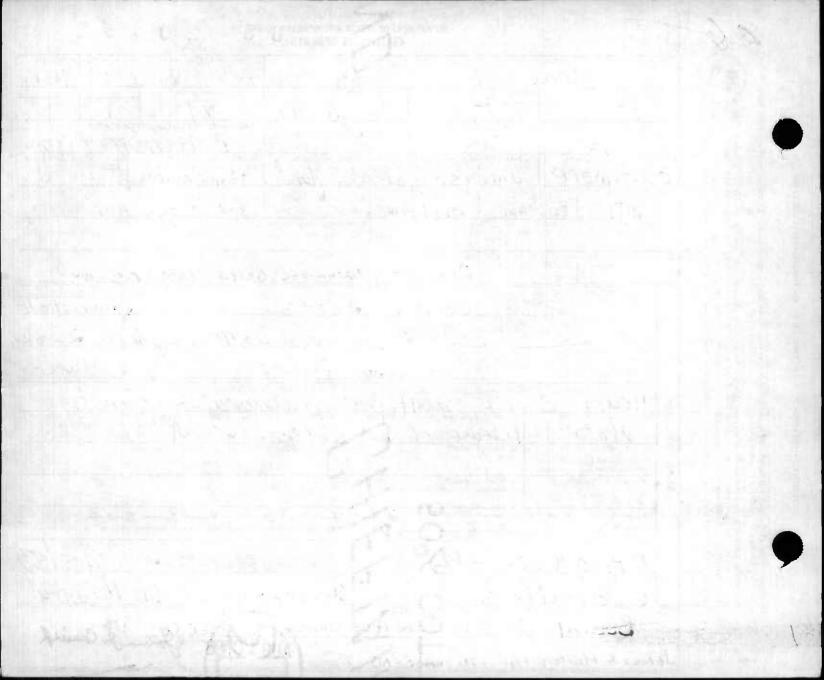
4		REGISTRAR			CERTIFI	CATE OF DE	AIN .	REG. NO.				
-1		EASED NAME	FIRST	MIDDLE	LA	AST	20	DATE OF DEATH	ONTH DAY	YEAR	26. HOUR	
1	TYPE	ORPRINT	era	F	D	1/00		Q	8	83	913P	AA
1	3. SEX		4 RACI	E -	S. DATE O	FBIRTH	6. 4	AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HR	IS.
1	40.000	-		12	MONTH		YEAR	54		NTH5 DAYS	HOURS MIN	۷.
		-		1)	6	10	77	0/_	YRS.	FREATU		
7		OUNTRY)	DREIGN 76 CITI	ZEN OF WHAT CO	MARRIED	NEVER MA	RRIED   9.1	BALTIMORE CITY OR	COUNTYO	FDEATH	1 1	
/	/	Va	-	us	WIDOWE	DIO DIVO	RCED 🗌	Balt	mo	NO 1	1 Han	ND.
	10 CI	Y OR TOWN OF DEA			, NURSING HOME O	R OTHER INSTITU		USUAL OCCUPATION		126. KIND O	F BUSINESSIO	)R
	13	altimal		NOT IN SUCH FACILITY, O	The Address	Man 1	aind "	Homema		INDUSTRI	(/	
	OSUA	L RESIDENCE   IF NURSI	NG HOME OR OTHER IN	STITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	4	4		0-		1 10	
5	13a. 5	TATE	13h COUNTY	13c. CITY	11111	13d. INSIDE LITY	erma .	STREET ADDRESS		1.10	7/2/	7
-	14 54	THERE WE WE	THAINO	10 10	a I TIMOU	YES NOTHER'S M	O LI	309 KIG	45 /	TUPS	1 000	4
И	14. FA	THER'S MAME	MIDDLE		LAST	FIR		WIDDIE	0	LAST	r	
												_
		(AS DECEASED EVER I	N U.S. ARMED FO		IAL SECURITY NO.	17 INFORMANT		ADDRES:	5			
	(1	ES, NO OR BINKING WAI	(IF TES, GIVE WAR OR	1 / /	2-32-4131	NATHAN	IEL G	A165 /30	5 - R	55 w	e.	
1		18 CAUSE OF DEATH	tEnter only one o	ouse per line for to	thi and ici		1		1.0	APPROXIVE BETWEEN	MATE INTERVAL	==
		PART I. DEATH WA	AS CAUSED BY:	60	rdia	AVVE	1->0			Fmm	-1	To
		1-1-0	IMMEDIATE CAUS	SE (a)	, Carol	71170	0 1			100	HAUG.	
		3607	DU	JE TO, OR AS A CO	INSEQUENCE OF		· A	-dars. S		40	7	10
		Conditions, if ony,		(b) Adu	T 47 05/	211/allo	16 1	21270	4 Maria	The second	x wee	15
		cause (a), stating	the DL	JE TO, OR AS A CO	NSEQUENCE OF	, 0	10		V	1	t	
		underlying cause	last.	10 ACIO	te Reno	21 ta	Murp			1	weer	
-1		PART 2 OTHER SIGN	IFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONDI	TION GIVEN	I IN PART 14	r	
	CERTIFICATION	Heart	B10	(K, 1)	MUHID	10 0	ulm	OVIITO	01	Mbo l	1	
1	8	190. DATE OF OPERAT	ION 191	. CONDITION FOR	WHICH OPERALION	WAS PERFORM	ED			WERE FINDIN		
/	F	7/83	P	phaire	of saa	11 Bowel	Mistru	YES NO NO	YES I	NG CAUSES	OF DEATH?	100
-	FRI	21a. ACCIDENT WAS UND	ERLYING [7] 211	. TIME OF INJURY	Of Since		000	(ENTER NATURE OF INJURY			1.0	-
f.		OR CONTRIBUTING C			NTH DAY YEAR			( E. T. E. T. E. T. E.				
	Ž.	I IF EITHER, NOTIFY MEDIC		P.M.	19	AN LOCATION						_
-	MEDICAL	21d. INJURY OCCURR	IAI	PLACE OF INJUR		211. LOCATION		CITY OR TOWN	å	COUNTY	STATE	
	-	AT WORK AT WOR	K .				4-3	,		-		
		22a. I certify that (I)	(this hospital) att	ended the decease	d from	24	19_83	, to 8 / 8		\$3.	that (1) (we) lo	ast
		sow the decease		818	19_\$3 on	d that in (my) (or	ır) opinion deo	th occurred on the date	ond hour o	nd from the	couses stated	
		22b. SIGNATURE	(a) (ala nat) view	the bady after dea		DEGREE				27t DATE	SIGNED /	_
3		CRIA	100	· · M				MEDICAL STAFF		101	9/4	3
		22d. PHYSICIAN'S NA	ME LEVE OF SOME	1		22e. ADDRESS	YSICIAN D	PHYSICIA	NE	X	010	4
		TIG. PHI SICIAIN SINA	THE ORPRINT)	2		1/1A	101	4, 5	110	How	12/01	/
		630	aalt	CX		Level	VENS	11501	MID	145	100	
	23a. B	URIAL, CREMATION, P	REMOVAL 236.	DATE	23c. NAME OF CE	METERY OR CRE	MATORY	23d. LOCATION		COLUMN TO THE PARTY OF THE PART	men	
		buei	3/18	13/83	Good Ho	pe ame	tely	ESSEC C	à	Utra		
	24 FU	INERAL DIRECTOR					25 DATE R	C'P BY CRETRAR	MATERIAL PROPERTY.	who half	The same	
	1/4	NES A. HA	12 0 da	1211	ADDRESS	· W	AUG	TO BOO				

LAURENS

DHMH - 16 50M 4/B2 (VRA 15, 4)

JAMES A. Horlan F/H 1701

TO FUNERAL DIRECTOR. After this certificate has be



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

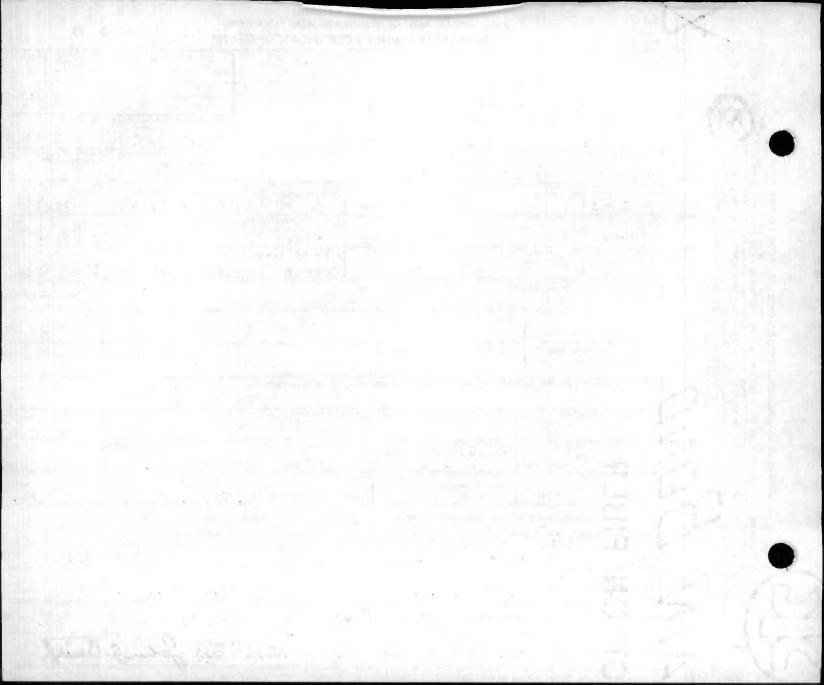
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0.00	REG. NO	D		

DEPARTMENT OF HEALTH AND MENTAL THOUSENER  MEDICAL EXAMINER'S CERTIFICATE OF BEATH  REGISTRAR  TODD  C-A  (GARNER)  TODD  TODD  TODA  TODD  C-A  (GARNER)  T														
R	REGISTRAR		MED		EXAMIN	IER'S C		ATEC					-	
		E FIRST		WICIDLE			GA	RNEF	3	2a. DATE K	NOWN X	MONTH	DAY YEA	R 2b HOL
		TODD		C-A		(	GARDNE	R)		DEATH	MATED [	8	17 19 8	
3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE I'N YE LAST BIRTHD	ARS IF UN	DER 1 YR.				CED	HINOW	CIAY YE	AR 24. HO
Ma	1e	Black	8 25				DATS	MOURS	MIN.			8	17 19 8	
		TATE OR	76. CITIZEN OF WH	AT COUN	TRY?	8. MAPP	ED NEV	FR MARR	IED TX	9. BALTIMO	ORE CITY C	OR COUNT	Y OF DEATH	
		and	U.S.	Α.						Balt	imore	City	/	A
						E, OR OTH	ER INSTITUT	ION		JAL OCCUP	ATION ITYP		126. KIND OF	
			Sinai H	Hospi	tal ([				I POR A	MOST OF WORK	ING LIFE)		OK II VOC	75111
						ION)	haa inside cii	TY LIMITS?	Ise STR	EET ADDRES	SS			
7.7	-		90000			ore						en R	oad 2	1215
14. FA1		E	MIDDLE		ASY		15 MOTHE	R'S MAID	EN NAME	AA II	NOI E		TAST	
			MIDDLE	Ga	rner,	Sr.	100			7711	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			son
							CTER	ANT G &	rne	r	ADDRESS	5		
		(IF YES, GIVE V	AR OR DATES	N	I/A		Gene	va I	homi	oson	4046	Ann	ellen	Road
Z	gave ri cause (a lying cau	se to immediate ) stating the <u>under-</u> use last.	DUE TO, OR A				E OR CONDITION	GIVEN IN PA	ART 1 (a).					
ATIO	190 DATE OF	OPERATION	196. CONDIT	ION FOR V	WHICH OPER	RATION W	'AS PERFORA	MED?	-				20 AUTOP	SY?
FFC													YES &	NOF
PART I DEATH WAS CAUSED BY:  9 2 20 IMMEDIATE CAUSE (a) Gunshot wound to head (handgun)  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. TIME EXTERNAL CAUSE WAS UNDERLYING OR ON HOUR X.M. MONTH DAY YEAR HOUR X.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3 P.M. 8—17—1983 Gun accidentally discharged.  210. TIME OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  191. TIME OF INJURY (AT HOME. STREET)  211. LOCATION  STREET CITY OR TOWN COUNTY  191. TOWN TOWN COUNTY  192. AT WORK AT WORK AT WORK COUNTY	RT 2)													
~	AT WORK	AT WORK X				404	6 Anne	llen	Rd.	Balto	9			
	death result	led fram: Natur	al causes .	Accident	X, su	vicide 🗌	Hamici TITLE (SF .D. ASS I	ecify) stan	Undet	ICAL EXAM	nner [],	DATE SIGNE	8-18	3-83
24	(TYPE OR PRI	NT)	<del></del>				ADDKE33_				lto.,	Md.	21201	
23a, BU (SP	BURIA	L 23	8/22/83	23c. N	ing M	METERY O	cial :	Pk.	Ra	anda 1				Mď.
	NERAL DIREC	CTOR	ACCORDESC			-1	2	Se. DATE	REC'P. RY	REGISTRAF	25 EG	ISTRAR'S	IUN TUNE	

BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

Wm C March F/H Inc. 1101 E North Avenue

AUG 1 9 1983



the attending physicion and campletely filled in by the funeral director, page 3 remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

within 24 hours after death. Page 4 may be

FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

REGISTRAR		CLI	THICAIL OF DEAT		REG. NO	O.			
1. DECEASED NAME FIRST MIDDLE C. Gattis  20. DATE OF DEATH MONTH DAY YEAR 28. HOUR STANDER OF DEATH MONTH DAY YEAR 18. HOUR AND	R								
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			9411115			9		111	M
3. SEX	4. RACE				6. AGE JIN YEARS LAST BIR				MIN.
Male	Bla	ck			79				,,,,,,
	76. CITIZEN OF W	HAT COUNTRY? 8		50 0	9. BALTIMORE CITY O	R COUNTY O	FDEATH		
	II. S				Baltimor	e Cit	v .		MD.
								OF BUSINE	
					(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY		
		- /							
				MITS?	13e STREET ADDRESS		21213	3	
			3.7		1504 N.	Sprin	g Str	reet	
14. FATHER'S NAME			15. MOTHER'S MAIL	DEN NAM	E				
FIRST	WIDDLE	LAST	FIRST		WIDDLE		LA	12.	
- WAS DESEASED EVER IN IN S	ARMED CORCESS II	AL COCIAL CECURITY A	O II INICODALANIT		ADDRE	C C			
	GIVE WAR OR DATES!			_			-	A	
No		243-07-35	21 Dwight	Gatt	tis 1504	Sprin	g Str	eet	
LE CAUSE DE DEATH (Enter	anly are couse per li	ne for (a) (b) and (c)		-			APPROX	CIMATE INTER	VAL
PART I. DEATH WAS CAL	ISED BY:	2 ( ) .	- L	CA				0110017417	
IMMED	IATE CAUSE (0)	robable	pancher Ic						
1.5 /9	DUE TO OR	AS A CONSEQUENCE	) E						
Condition of 1911	OUE TO, OK	AS A CONSEQUENCE							
	(b)								
cause (a), stating the	DUE TO, OR	AS A CONSEQUENCE	OF.						
underlying cause last.	( (c)								
PART 2 OTHER SIGNIFICAN	IT CONDITIONS COL	NIPIBLITING TO DEATH	BUT NOT BELATED TO TH	HE TERMIN	VAL DISEASE OR CON	DITION GIVEN	I IN PART I	las	
	., co., bino., o <u>co.</u>	TINBOTHO TO DEATH	BOTHOT KELATED TO IT	THE TERRETAIN	TAL DISLASE ON CON	DINOIT GIVE	THE PART OF		
9					Tee autopsys	Tan IF WES 1	WEDE EN ID		
5 190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED	)	200 AUTOPSY?				
1					YES NO				
21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	Y IN ITEM IB PAR	1 OR PART 2)		
OR CONTRIBUTION CALLES OF	DEATH HOUR A.M	MONTH DAY Y	EAR						
(IF EITHER, NOTIFY MEDICAL EXAM									
214. INJURY OCCURRED					CITY OR TO	WN	COUNTY	S	TATE
	(A) HOME, SIKE	II, FACTORT, OFFICE, FARM, ET							
	anital) ettended the	decorred from	6/20 10	D3	. 0	2- 10	D3	Abox (IV./)	un\ lmst
	0/	2 10 03	and that in (mu) (mus)	aninina de	anth provinced an the de	to and house	and from the	, , , ,	
obove, (I) (w/e) (did) (did	not) view the body a	fter death.	_ , and that in (my) (out) !	opinion de	edin occurred on the do	are and noor a	ind from the	; couses sto	nea
22b. Sicharille	tal		DEGREE				22c. DATE	SIGNED	
DIE.	TTT						8/2	1/23	5
224 PHYSICIAN STUAMS	TANTO			CIAN U	DIRECTOR PHYSIC	TAIN A		10	
Train Principal Contract Contr	· VV	1 -	MUNESS		11-11				
Donald	141	hai	Meno	ou t	Hospital				
230. BURIAL CREMATION REMOV	At 23b, DATE	23¢ NAME	OF CEMETERY OR CREMA	ATORY	23d LOCATION				
						ore	COUNTY	\$	Va.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Wm CMMarch F/H Inc. 1101 ADE North Avenue AUG 5

AUG 5 1983

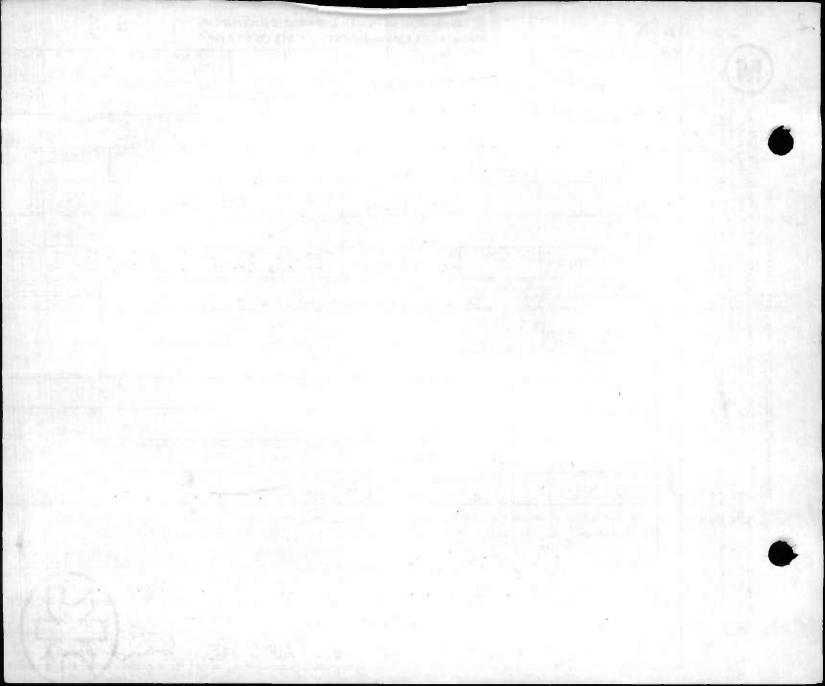
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RE.	AFTER DEATH. IF AN SIVE PAGES 1. 2. ANI TH. FORM. PM. 3. RET AGES 1. AND 2. SHOU VISION OF VITAL REO
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SA A SA
SQ	AAN BUILD
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	DIC NER NER NOR
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEG EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, AND 3 TO THE FUNE PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM PM. RETAIN PAGE 5 FOR DUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE PILED, WITH AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. FIRE BEATH, WORLD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL
	524548

20M 4/82

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC	NO		

1-	STATE		MED	ICAL E	XAMINI	ER'S C	ERTIFIC	ATE OF					3	
		FIRST		WIDDLE			LAST		20	DATE KI	NOWN [	MONTH	DAY YEAR	2 b
		Pearly	SOUTH   DATE   DATE											
		٨	MONTH DAY	YEAR	LAST BIRTHDA	MONTH				NOUNC	ED	8/1		4
FC	RTHPLACE (STATE O	Pearly  Pearly    Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pearly   Pea		-										
ID. CI	TY OR TOWN OF D	EATH 11	NAME OF HOSE	ILITY, GIVE STE	REET ADDRESSL				20. USUAL	OCCUPA	TION (TYP			
13a. S	DECEASED NAME   PART   PART	eet 21	20											
DECASED NAME 1831  DECASED NAME 1831  DECASED NAME 1831  Pearly  Gause  1. SEX   RACCE   STATE OF BIRTH   DAY   VEAR   STATE SERVINGARY   MODITE   DAYS   ROUBS   MARKED   DAYS   ROUBS   DAYS   ROUBS   MARKED   DAYS   ROUBS   MARKED   DAYS   DAYS   ROUBS   MARKED   DAYS   DAYS   DAYS   ROUBS   MARKED   DAYS   ROUBS   DAYS   DAYS					Gause									
(Y	ES, NO, OR UNKNOWN)													
	gave rise to cause (a) stati lying cause la	immediate ng the <u>under-</u> st.	(c)				DR CONDITION	GIVEN IN PART	J (a)					
FICATION	19a, DATE OF OPE	RATION	196 CONDIT	ION FOR W	VHICH OPERA	ATION W.	AS PERFORM	AED?					20 AUTOPS	
CAL CERTI			HOUR XX.	8/14	DAY YEAR	sul	bject			IRE OF INJUR	RY IN ITEM 18	PART I OR PA		
MEDI	WHILE INC	T WHILE X	STREET, FACTO	ORY, FARM, ET	C.)			je St.	, Ba 1	to.	City,	, Md .	YTAUC	
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(	BURIAL	8	/19/83		t. Zi	on C	emete	ery	Lan	s d o w			Md.	STATE
		ch F/H	Inc. ADDRESS	101 1	E Nort	th A					foc	my	2 Comice	9



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

tar, page 3 after death

# STATE OF MARYLAND

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	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AN CERTIFICATE OF		ENE Z (	J 7 5 C	,
	1. DECEASED NAME FIRST	MIDDLE	LAST	1.00	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(TYPE OR PRINT) Clarenc	e C.	Gebb			8-27-83	1:10 AM
	3 SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY NOV. 6		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAY	
	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	THE CITIZENI OF WHAT COUNTRY !				R COUNTY OF DEATH	MD.
1	Baltimore	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS)  Edgewood Nursing Home			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Building C	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOMEO 130. STATE 135. COU Maryland Ba		R TOWN 13d. INSIDE	110	7002 York	Rd. 21212	
è	FATHER'S NAME FIRST George	A. Geb	AST	r's maiden nami Lillian		Mes	ser
	160. WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	22-9615 Mrs.	<sub>MANT</sub> Edna Gebl	ADDRE b 7002 Yor	ss k Rd. 21212	2
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)  CONDITIONS CONTRIBUTING	SEQUENCE OF	ED TO THE TERMIN	et ju peter	DITION GIVEN IN PART	l(a)
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR		D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2	)
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE. PARM, ETC.)	TION	CITY OR TO	WN COUNTY	STATE
	22a.1 certify that (1) (this hasp saw the deceased alive at abave, (1) (we) (did) (did no 22b. SIGNATURE	0 10	19 83 and that in (a	, 19 3 (aur) apinion de	, ta	ate and hour and fram t	-, that (I) (wa) lost he couses stated TE SIGNED
,	Fredere 22d PHYSICIAN'S NAME (TYPE	ep Jolle	wer Mi		MEDICAL STAP	FIAN STA	25-83
/	FREDERIC	KJ. VOLLM	ER MD 61	00 YOR		ALTIMORE	MD21212
	(SPECIFY) Burial	8/25/83	Parkwood Cer	netery	23d LOCATION CITY OR TOWN Baltimot		Md .
	24 FUNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAN	EST REGISTRAR'S 905N	ATORE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages and a shoold be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, ar ather traumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shaws any

Mitchell-Wiedefeld

6500 York Rd.

AUG 2 6 1983

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ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OGIENS

5 2

1	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL OG	REG. NO.	5 /
1. DE	CEASED NAME FIRST	WIDDLE	L	AST		DAY YEAR 26 HOUR
11112	ROOSEVEL	LT	60	F	8 -	8-83 74/00
3. SE	X	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Black	MONTH 7	19 1909	74 YRS.	MONTHS DAYS HOURS MIN.
Jica.	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR COUNT	OF DEATH
	Virginia	UTA	WIDOWE		BALto City	MD.
}0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.  (IF NOT IN SUCH FACILITY, GIVE STR.		R OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR
T	BALTO	BON SECOY	- 1	5 D	Lahoren	Coarstlew Low
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BER	ORE ADMISSION	138. INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 508 North Ful	For Avenue
14 F.	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	
V	James	Gee		Nannie	WIDDLE	Barbarad
	WAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRESS	AND ELECT
	YES NO OR UNKNOWN) (IF YES, GIV	217-16	5443	Jesse Warp	en 5006 Levinde	
	18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE	nly one couse per line for (a), (b),	and (c).1	+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIAT	TE CAUSE (o) ardio	ic a	resc		Ils
	9/79	DUE TO, OR AS A CONSEC	UENCE OF			
	Conditions, if ony, which gove rise to immediate	(b) 1/200a	are (	brown	attenzaisens	unchown
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	A	- 0	0	10 LUADA
	DADI 2 OTHER SIGNISICANIE	TO STATE OF THE	ster			11019000
NO	Dialetes	MALLO TIME	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
N. S.	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
CERTIFICATION						YING CAUSES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	
A	OR CONTRIBUTING CAUSE OF DEA	NIN .	DAY YEAR			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
Z	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFIC	E FARM, (TC)	ZIMEEL	CILLOWIOMN	COUNTY STATE
	22a. I certify that (I) this hospit	ottended the deceased from	Jun	19.80	, to aug	19 \$ 3, that (1) (we) ast
	sow the deceased alive on obove, (I) we (did) did no	t) few the body ofter death.	85, on	d that in (my) cour) ppinion o	deoth occurred on <b>G</b> e date and hou	r and from the couses stated
	22b. SIGNATURE			DEGREE		22c DATE SIGNED
	mary	newman	/	N.O. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-11-83
	22d. PHYSICIAN'S NAME (TYPE O	PRPRINT)	1. D	22e ADDRESS	OPKINS HOSP	ITAL
			1.0.	JOHOS H	OTK 1103	
23a. l	BURIAL, CREMATION, REMOVAL	23b. DATE 23	m / //.	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STNE
74 FI	DURIAL UNERAL DIRECTOR	Hugust 15,1983 1	11. Cal	very 250 DATE	REC'D, BY REGISTRARI 25h, REGIST	my not seement the
1	1 NAMES A	ADDRESS ADDRESS	,	A LI		RAR'S SIGNATURE
6	willen i - pring	1012 YEA	uresy/va	MIX HALL AU	6121983 Sec	I Comit

DHMH - 16 50M 1/81 (VRA 15, 4)

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etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, th

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STATE OF MARYLAND

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1.	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL WYG ICATE OF DEATH		6. NO.	7 ~	•		
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEAT		DAY	YEAR	2b. HOL	JR
(ITP)	VIO	LA	GENC	0.	AUGUST	21.	1983		5:	44pm
3 SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	R 1 YEAR DAYS	IF UNDER	
Marie .	FEMALE	WHITE	APR		71	YR		DAYS	HOURS	MIN.
7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF DE	ATH		
	MD.	U.S.A.	WIDOW		BALTI	MORE	CIT	Y		MD.
10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSI (# NOT IN SUCH FACILITY, GIVE STREE UNION MEMOR	T ADDRESS)		120. USUAL OCCUP (TYPE OF WORK FOR MC SALESCLI	OST OF WORKIN	G LIFE) IND	KIND O USTRY EPT	· S	ess or FORE
130.	MD . 136. COL	- BALTI	WN	13d. INSIDE CITY LIMITS? YES X NO   15. MOTHER'S MAIDEN NA/		LIFTM	ONT			1213
	Charles W.	Rauch		FIRST Mag	gie Gun	ther		LAS	T	
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIAL SEC 217-20		17 INFORMANT RICHARD G	ENCO (SC		2	AND		LANE
NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) // SUL)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	JENCE OF	SPENDENT  NOT RELATED TO THE TERM  ST. IF I PE				PART 110	) '	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CE	YES, WERE RTIFYING ( YES			TH?
MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR	211 LOCATION	RED (ENTER NATURE OF		18 PART I OR	PART 2)		STATE
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		1/6		_				
	sow the deceased alive o	Butthus d	63,0	DEGREE ATTENDING PHYSICIAN . [	MEDICAL	STAFF		om the	that (I) (couses st	oted
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			ens of Faith	23d. LOCATION	timor	e conn	TY	M	ď.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and compshall be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1, act with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL SCHIMUNEK Funeral Home, Inc.

3331 Brehms Lane, Balto. Md.

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# FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6 -	0		~	
PEG NO				

REGISTRAR							REG	, NO.		
DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATI	H MONTH	DAY YEAR	2b. HOUR
(TYPE OK PRINT)	LENA		CARMELLA	1	GEPPI			8 6	2 83	8.007
SEX	1	I. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	
FEMALE	144	WI	HITE	MONT 4	H DAY	15	68	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	B.	D NEVER A	400/50 \$7	9 BALTIMORE CIT		OF DEATH	
California		U.S	S.A.	WIDOW		ORCED	Baltimo	ore City	У	м
CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSING		OR OTHER INST	ITUTION	120 USUAL OCCUP			OF BUSINESS OF
Baltimore		_	Agnes Host				Sales Lac		Pete	Geppi
SUAL RESIDENCE (IF NUR	INAL COUNT		1. GIVE RESIDENCE BEFORE		113d. INSIDE C	TV I IAA ITC?	13e. STREET ADDRE	cc	17.	larket
Maryland		imore	Catonsvi		YES	NO IX	908 Baro		Road 2	21228
FATHER'S NAME				C 10		MAIDEN NA	ME			
Antoni		MDDLE	Geppi			nna nna	MIDDI		DeGr	egorio
(YES NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMA	NT	AD	DRESS		
NO	(10 16.5, 010.6	WAN ON DATES)	218-42-8	3893	Louis	A. Ge	ppi 908 I	Bardswel	ll Road	21228
Conditions, if ony gove rise to im couse (o), stoti underlying cous  PART 2 OTHER SIG  Acut.  190. DATE OF OPERA  218. ACCIDENT WAS UN	e lost.  BNIFICANT CO	DUE TO, O	direase	NCE OF	PD , le	M PO TEL	End Star you dish unal disease or c	ONDITION GIV	VEN IN PART 1	INGS USED
		1000			574		YES NO		FYING CAUSES	NO [
OR CONTRIBUTING (IF EITHER, NOTIFY MED  21d IN JURY OCCUP	CAUSE OF DEAT DICAL EXAMINER) RRED	P 21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	211. LOCATIO	NOT	APPL 1 C		PART 1 OR PART 2)	STATE
220.1 certify that (I saw the deceardove, (I) (we) 22b. SIGNATURE	ORK   ) (this hospite sed alive an_  did) (did not)	view the body	6 2 19 19	) ,	DEGREE A 1 22e ADDRES	TTENDING PHYSICIAN [	deoth occurred on th	TAFF		that (I) (we) loe couses stated E SIGNED
		74 6.						11/15	_	
a. BURIAL, CREMATION		23b. DATE			CEMETERY OR		Baltimo	ч	COUNTY	Maria 5
Buria	1	8/5/8	0.0	aw ca	thedral	cem.	partimo	.e		Mary

BP. DHMH - 16 50M 4/82

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-stransit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather troumatic event,

MPORTANT: If Hem 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

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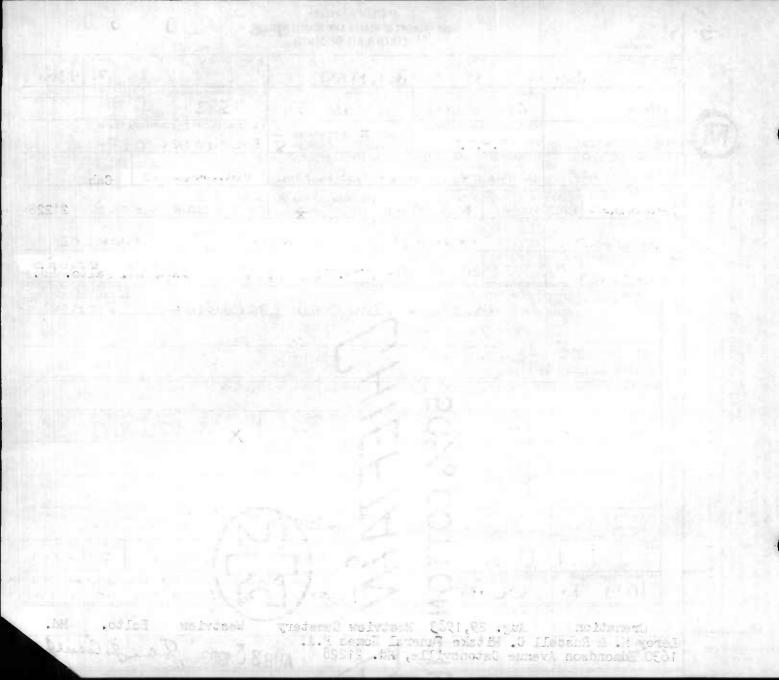
DÉCEASED NAME FIRST			REG. NO	
	MIDDLE	LAST	20 DATE OF DEATH	
YPE OR PRINT) JOH	N P.	GERMAN		8 26 83 9.30P M
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male	GAUCISIAN	MONTH DAY Y	EAR 53	MONTHS DAYS HOURS MIN.
HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	nya II	9 BALTIMORE CITY OF	
IMECUMO	U.S.A.	MARRIED IN NEVER MARRI	1 4 4 - 1 - 4 - 4 - 4	ZE CITY MO
CITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTE		ON 126. KIND OF BUSINESS OR WORKING (IFE) INDUSTRY
BALTIMORE	1	-mapyland hospi		
SUAL RESIDENCE HE NURSING HOME CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d. INSIDE CITY LIV		
100.		MOLL YES NO.	- 0- 040	K SEOVE 21228
FATHER'S NAME		15. MOTHER'S MAIL	DEN NAME	
HOWBED	MIDDLE	GENT SECT	TRUDE	PINKLER
WAS DECEASED EVER IN U.S. A			VUU0EC	
	IVE WAR OR DATES) 212 -26	-1198 Mrs. Mam	German 111) Co	ooks La. Balto. Md.
		TO ILOS MAL.	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DART L DEATH WAS CALLS	enly one cause per line for (a), (b), ED BY:		Ch	
11159 IMMEDIA	ATE CAUSE (D) FIL-(1)SVD	TIL HEADTNEC	E CURCINO MI	20 11001.4
1451	DUE TO, OR AS A CONSE	OUENCE OF		
Conditions, if ony, which	( 16)			
	10)			
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
gove rise to immediate	DUE TO, OR AS A CONSE	OUENCE OF		
gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(c)	OUENCE OF	HE TERMIN AL DISEASE OR COND	ITION GIVEN IN PART 110
gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(c)		HE TERMIN AL DISEASE OR COND	OITION GIVEN IN PART 1(a)
gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING			206. IF YES, WERE FINDINGS USED
gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	20a AUTOPSY?	
gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	ICH OPERATION WAS PERFORMED  2 CORC (NO )	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  JOURNAL (1922)  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING  196. CONDITION FOR WH  ORM CAUT  216. TIME OF INJURY HOUR A.M. MONTH	ICH OPERATION WAS PERFORMED  CORPORATION WAS PERFORMED  AND YEAR STEEL HOW INJURY	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
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gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  199 DATE OF OPERATION  JINUTES 1792  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK  270. I certify that AT (this has sow the deceased alive on above, (1), twe) (did) total and cause of the composition of the composi	CONDITIONS CONTRIBUTING:  196. CONDITION FOR WH  ORM CAUT  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  OUT VIEW The body offer death.)  OR PRINT)  OUT FOR	ICH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION  STREET  DEGREE  ATTEN PHYSI  222. ADDRESS (	200 AUTOPSY?  YES NO OCCURRED (ENTER NATURE OF INJURY)  CITY OR TOV  OPINION death occurred on the do  DING MEDICAL STAFICIAN DIRECTOR PHYSICIAN  CIAN DIRECTOR PHYSICIAN  ATORY 1734 LOCATION	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YE
gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  199. DATE OF OPERATION  JNJURY (1992)  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI)  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  226. I certify that 4T (this hasp sow the deceased alive o above, (I) fewel (did) that and the couse of the couple of	CONDITIONS CONTRIBUTING:  196. CONDITION FOR WH  ORM CAUT  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  OTT) view the body offer deoth.  OR PRINT)  OUR CAUT  107  OR PRINT)  OUR CAUT  117  OUR CAUT  128  OR PRINT)	ICH OPERATION WAS PERFORMED  ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF CREME  TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERT	200 AUTOPSY?  YES NO OCCURRED (ENTER NATURE OF INJURY)  CITY OR TOV  OPINION death occurred on the do  DING MEDICAL STAFICIAN DIRECTOR PHYSICIAN  CIAN DIRECTOR PHYSICIAN  ATORY 1734 LOCATION	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE TORPART 2)  VIN ITEM 18 PART 1 OR PART 2)  VIN COUNTY  STATE  221. DATE, SIGNED  FAMEL 122. DA
gove rise to immediate couse (D), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  JNJURY 192  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that 4T (this hosp sow the deceased alive o above, (I) twe) (did) total and the couse of the couple of the	CONDITIONS CONTRIBUTING:  196. CONDITION FOR WH  ORM CAUT  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  OUT VIEW The body offer deoth.  OR PRINT)  OUT 22  L 23b. DATE  Aug. 29, 1983	ICH OPERATION WAS PERFORMED  ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF CREME  TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERT	200 AUTOPSY?  YES NO OCCURRED (ENTER NATURE OF INJURY)  CITY OR TOW  TOPINION deoth occurred on the do  DING MEDICAL STAP  ICIAN DIRECTOR PHYSICI  ST. MATCH  ATORY 734 LOCATION  CITY OR TOWN  WESTVIEW  WESTVIEW	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VIN ITEM 18 PART 1 OR PART 2)  VIN ITEM 18 PART 1 OR PART 2)  VIN COUNTY  STATE  19 93, that (1) (we) lost te and hour and from the causes stated  22c. DATE, SIGNED  FAND  PARTY  BELLO  BELLO  BUTTO  BUTTO

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical

IMPORTANT: If hem 21 is marked at hem 18 shows any injury, at other traumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE

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	3-	FOR STATE REGISTRAR		DEPART	ERTIF	ICATE OF DEATH	YGIENE	REG. N	10.	0 1	
		CEASED NAME FIRST JOHN		MIDDLE GE	CRMAN	OS		AUGUST	13,	1983	26. HOUR 11:25PM
	3. SEX	Male	RACE White		5. DATE O			E (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	FUNDER 24 HRS. HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) Greece	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOW!	NEVER MARRIED		Etimore City of			MD.
		Baltimore	cimore Church Home Hospital				(TYPE	ISUAL OCCUPAT OF WORK FOR MOST Staurate	OF WORKING		OF BUSINESS OR
	13a. S	ALRESIDENCE (IF NURS TO THE TATE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTA		Baltimo	N	13d. INSIDE CITY LIMITS: YES 🌠 NO 🗌	? 412	TREET ADDRESS	kirk	Street	21224
	14. FA	THER'S NAME Lambros	IS. MOTHER'S MAIDEN  Maria		WIDDIE		LA				
	160. W	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? WAR OR DATES)	088-05-0		Mrs. Maria	Germa	anos, 41 Ba	4 S. 1timo	re. Md.	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	y one couse per	line for (a), (b), on	d (c).1				10	BETWEEN	ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUE  LYMPHON  R AS A CONSEQUE	IA, S	TAGE IV	S.K.P.	51		Į.	AINUTES_
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10									
	NOI	DIABETES	MELLIT	rus, con	JEST	IVE HEART	FAI	LURE			
3	CERTIFICATION	190. DATE OF OPERATION					o AUTOPSY?	IN CERT	ES, WERE FINDI FIFYING CAUSES YES		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!  (IF EITHER, NOTIFY MEDICAL EXAMINER)		F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	URRED (	ENTER NATURE OF INJ	URY IN ITEM 18	3 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	7	220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not	AUGUS	ST 13.19_		nd that in (my) (our) opini	83_, t	o AUGU occurred on the o		our and from the	
		22b. SIGNATURE)	acous	Mi	) M	DEGREE ATTENDING PHYSICIAN		DICAL STA		22c. DATE	(3/83)
		22d. PHYSICIAL - NAME (TYPE OF	Mann			100N. BRO	MACAC			ORPORA ORE, MI	ATION 0. 21231
	23a B	SURIAL, CREMATION, REMOVAL	23b DATE	244		CEMETERY OR CREMATOR		d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial JNERAL DIRECTOR	8-17-	83   G1	reek (	orthodox Cem		Baltimor D. BY REGISTRAI		Baltimo	
	Ni	cholas T. Matth	ews, 30	21 Easter	rn Ave	enue	AUG 1	7 1983	fol	العيا	early.

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Harry Brown Ce	A stmay				

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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					CERTIF	ICATE OF DEATH		REG. NO.		-
	CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
11176	OR PRINT)	KARL	1	layne	G	IBBS	AUGU	ST 05,	1983	06:42
3. SE	x		4. RACE		5. DATE C		6. AGE (IN Y	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
M	ale		White		MONTE 5	5° 72°	11		MONTHS DAYS	HOURS MIN.
a BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR CO	UNTY OF DEATH	
M	abyland	i	USA		WIDOWE		BAL	TIMORE	CITY	MD
	TY OR TOWN OF		F HOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	HOSPITAL		CCUPATION FOR MOST OF WORK		OF BUSINESS OR
13a. S	AL RESIDENCE (IF	NURSING HC & O	R OTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE		138. INSIDE CITY LIMITS?	P.O.	Box 12	Dauph: 9 (1701	
4. FA	THER'S NAME	7i.n	MIDDLE	Gibl	os	15. MOTHER'S MAIDEN		MIDDLE Lee	Egn	er
(1	VAS DECEASED EV res. NO OR UNKNOWN		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 219-76-		17 INFORMANT			Pine H	ill Dr.
	editations, it	any, which	(d)	Stre	11	10,4,00	30/9	47		
	gave rise ta cause (a), st underlying co	immediate rating the cuse last.	(c)_	R AS A CONSEQUE	NCE OF					(a)
CATION	gave rise ta cause (a), st underlying co	immediate pating the pause last.	(c) CONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TE		OR CONDITION	GIVEN IN PART 1	INGS USED
TIFICATION	gave rise to cause (a), st underlying co	immediate pating the pause last.	(c) CONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	N GIVEN IN PART 1	INGS USED
CAL CERTIFICATION	gave rise to cause (a), st underlying co	immediate dating the dause last.  SIGNIFICANT  ERATION  SUNDERLYING [  CAUSE OF DE	19b. CONDITIONS CO	TION FOR WHICH	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE  200 AUTO YES  YES	PSY? 20b.	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
MEDICAL CERTIFICATION	gave rise to cause (o), your cause (o), you will be cause (o). PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, 21d, INJURY OCC.	immediate drating the puse lost.  SIGNIFICANT  ERATION  CAUSE OF DE MEDICAL EXAMINE	CONDITIONS CO	R AS A CONSEQUE  ONTRIBUTING TO CONTRIBUTING T	DEATH BUT  OPERATIO  OF CAY  YEAR  19	NOT RELATED TO THE TE N WAS PERFORMED Trung POSI Trung of Great Ve	RMINAL DISEASE  200 AUTO YES  YES	PSY? 20b.	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
_	gave rise to cause (a), a underlying countrying countrying countrying countrying and a countrying c	immediate chating the cating the cating the cating the cause lost.  SIGNIFICANT  ERATION  CAUSE OF DE MEDICAL EXAMINE URRED  OT WHILE  1 (1) (this hasp ceased alive or catendary control or catendary catendary).	19b. CONDITIONS CONDIT	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F.	OPERATIO	NOT RELATED TO THE TE	200 AUTO YES 23 URRED (ENTER NAT	PSY? 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES  M 18 PART   OR PART 2)  COUNTY	INGS USED S OF DEATH? NO STATE
_	gave rise to cause (a), a underlying countrying countrying countrying countrying and a countrying c	immediate chating the cating the cating the cating the cause lost.  SIGNIFICANT  ERATION  CAUSE OF DE MEDICAL EXAMINE URRED  OT WHILE  1 (1) (this hasp ceased alive or catendary control or catendary catendary).	19b. CONDITIONS CONDIT	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F.	OPERATION OPERAT	NOT RELATED TO THE TE	200 AUTO YES 23 URRED (ENTER NAT	PSY? 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES   M 18 PART 1 OR PART 2)  COUNTY  d hour and fram the	INGS USED S OF DEATH? NO STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Balto.,

Md.

Burial 8-8-83 Holly Hills M. G.

FUNERAL DIRECTOR 7401 Belair Rd.

Lassahn Funeral Home Balto., Md.21236 AUG 250. DATE REC'D. BY REGISTRAP 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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	CEASED NAME FIRST GEO		n a	Gilson	20 DATE OF DEATH A	8 4 83 20 HOUR 14 15 HOUR 24 15 HOUR 25
3. SEX	x Female	4. RACE Bla	ck	ATE OF BIRTH  2 19 190	0 83	MONTHS DAYS HOURS A
	RTHPLACE (STATE OR FOREIGN COUNTRY) . Carolina	76. CITIZEN OF WHA	A.	ARRIED NEVER MARRIED	- Juliou	one cary
10. CI	Baltimer	(IF NOT IN SUCH FAC	PITAL, NURSING HO	OME OR OTHER INSTITUTION (SS)	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) THE USINESS
13a. S	AL RESIDENCE (IF NURSING HOME COUNTY TO THE NURSE HOME COUNTY	INTY 13c.	RESIDENCE BEFORE ADMIT CITY OR TOWN Baltimor	re YES X NO	639 Dumb	arton Avenue 21
14. FA	ATHER'S NAME William	MIDDLE	Hill	15. MOTHER'S MAIDEN FIRST Anna	MIDDLE	Mob1ey
16a. W	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)  NKNOWN	NE WAR OR DATES	SOCIAL SECURITY 20-24-61		yd 639 Dumb	arton Avenue  APPROXIMATE INTERVAL BETWEEN ONSET AND DE-
	6 100 7 101	1	S A CONSEQUENCE Urinal	11 /1014 1011	2 1-1-1 10-4	11100
CATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	ALLU JUA	A CONSEQUENCE	1		DITION GIVEN IN PART 110 (B) DELY LIGHT (L) 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
1 CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONTINUED TO THE CONDITION CONDITION CONDITION CONDITION CONDITION CONTINUED TO THE CONTINUE CONTINU	S A CONSEQUENCE  RIBUTING TO DEAT  ON FOR WHICH OPE	TH BUT NOT RELATED TO THE TOTAL THE	TERMINAL DISEASE OR CONT	200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!  YES NO NO
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  THE DATE OF OPERATION  THE DATE OF OPERAT	ZIB. TIME OF INHOUR A.M. P.M.  210. PLACE OF	S A CONSEQUENCE  RIGHTING TO DEAT  ON FOR WHICH OPE  NJURY  MONTH DAY	THE BUT NOT BELATED TO THE TOWN WAS PERFORMED  YEAR 19 211. LOCATION	TERMINAL DISEASE OR CONT THE PAULUE 1886 AUTOPSYT YES   NO	20b. IF YES, WERE FINDINGS USED IN CERT IFYING CAUSES OF DEATH YES NO 12 IN TERM 18 PART   OR PART 2)
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  PART	ZIB. TIME OF IN HOUR A.M. P.M. ZIB. PLACE OF (AT HOME, STREET,	S A CONSEQUENCE  RIBUTING TO DEAT  ON FOR WHICH OPE  NJURY  MONTH DAY  INJURY  FACTORY, OFFICE, FARM.	THE BUT NOT BELATED TO HE TO T	CURRED (ENTER NATURE OF INJUR	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO VIVILIEM 18 PART I ORPART 2)  WIN COUNTY STA
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED THE DESCRIPTION OF COURTED CHE TO THE DESCRIPTION OF COURTED COU	21b. TIME OF IN HOUR A.M. 21c. PLACE OF (AT HOME, STREET, Spend) of the roder of the state of th	S A CONSEQUENCE  RIBUTING TO DEAT  ON FOR WHICH OPE  NJURY  MONTH DAY  INJURY  FACTORY, OFFICE, FARM.	THE BUT NOT RELATED TO ME TION WAS PERFORMED  YEAR 19 211. LOCATION STREET	CURRED (ENTER NATURE OF INJUR  to AUTOPSYT  to AUTOPSYT  to AUTOPSYT  CITY OR TO:  AUTOPSYT  TO AUTOPSYT  CITY OR TO:  AUTOPSYT  CITY OR	TOUR IF YES, WERE FINDINGS USED IN CERT IFYING CAUSES OF DEATH YES NO TOUR IN THE WAY TO THE WAY THE WAY TO THE WAY THE WAY TO THE WAY

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DHMH - 16 50M 4/82 (VRA 15, 4)

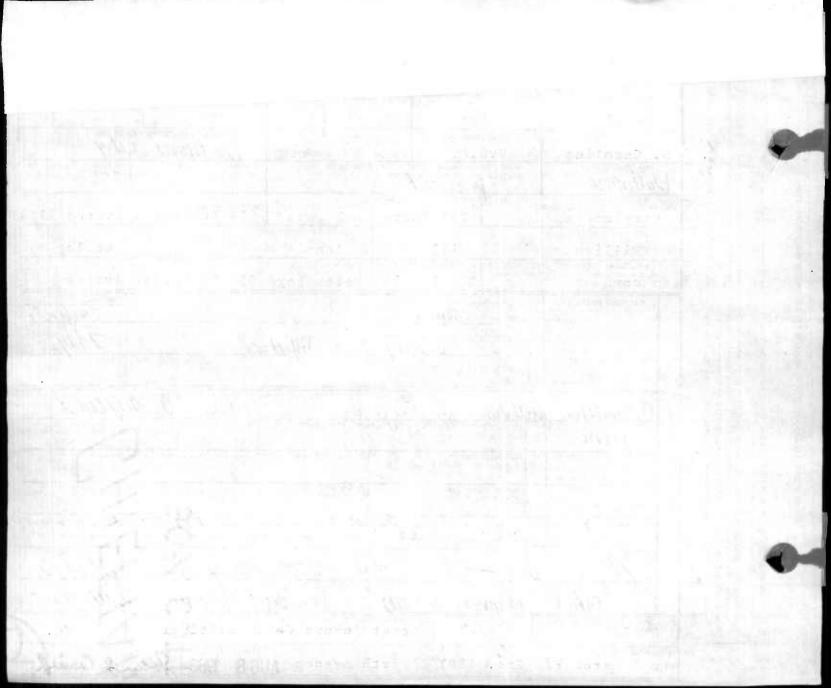
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be dischool to the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Deter attendit and Mental Hygiene prior to burial, cremation, ar removal.

TEMPING THYSICIAN: The law requires that the death certificate be executed within 24 hours after

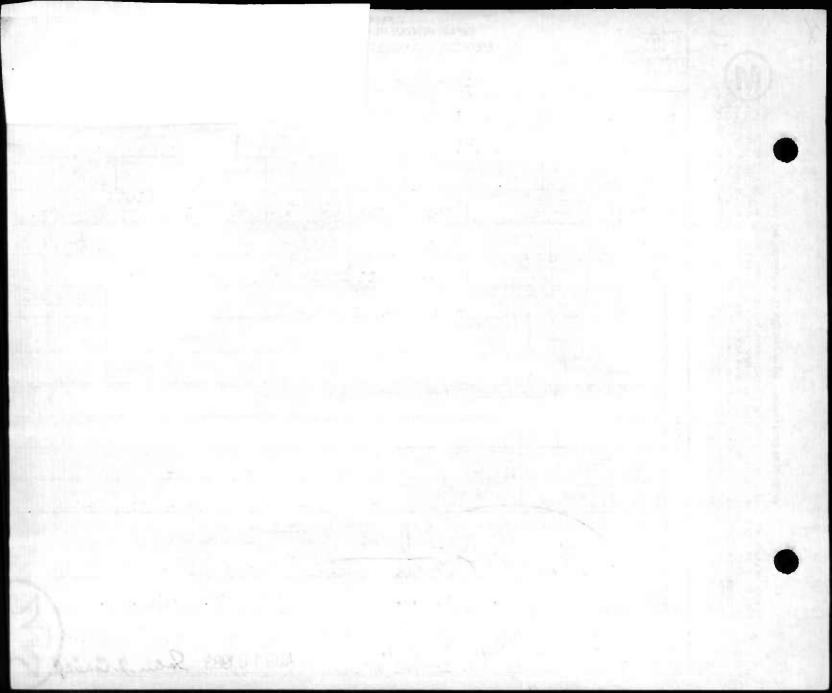
set or attending physician.

retained by the TO HOSPITAL

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(==		REGISTRAR CEASED NAME FIRST	7416.1	MIDDLE	IEK 3	LAST	AILOI	20. DATE KN	REG. NO.	DAY YEAR 2b r.
(M)	1 TY	Sidn	ey A	lexander		Gill		OF DEATH N	ESTI-	1519 83
STORES	3. SE:	4. RACE	5. DATE OF BIRTH	6. AGE IN YE LAST BIRTHD			IF UNDER 24	HRS. 2c DATE	MONTH	DAY YEAR 24 HOUR 7:55
NO N			n Dec.7	1898 84				DEAD	8	1519 83 D M
SS S S E SS	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH				ER MARRIED		RE CITY OR COUN	
A SERVE		Carolina TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH		DIVORCED ION 12	a USUAL OCCUPA		1126 KIND OF BUSINESS
PAGE 5	I,E	altimore		nes Hospita	1			FOR MOST OF WORKIN	IG LIFE)	OR INDUSTRY Farm
PAN	USU	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	134 CITY OR TOWN	ION)	T3d. INSIDE CIT	TY LIMITS? 13	e STREET ADDRESS	2102	
A SERVE	_	ryland Howa	rd	Clarksvi	11e	YESX		Box 7401	Cherry	Tree Dr.
S AN S	1	Thaddeus	MIDDLE	Gill Gill		Sal.	R'S MAIDEN	NAME	N i	cholson
MOR NO NO N	6a. \	VAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURIT	Y NO.	17. INFORM			ADDRESS	CHOLDON
ALTA PARE PARE PARE PARE PARE PARE PARE PAR		ES, NO, OR UNKNOWN)   I IF YES, GIVE   N		223-48-9	911	Sally	y Kli	es Same	as #13	e
71, 8 18, 08 5 WIT. P		IB. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y ane couse per line	far (a), (b), and (c).)						APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ESTON ST IN 124 HO IN 17EM I IN 17EM I IST PERM HYGIENE MOVAL.	149		E CAUSE (a)	Cranio cere AS A CONSEQUENCE		traum	ıa			
M I July , W	7	Canditians, if any, which	DOE TO, OK	AS A CONSEQUENCE	Or					
W. W. P		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	OF					
EXA EXA ID MI		lying cause last.	(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON S  CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM I RDED TO THE CHIEF MEDICAL EXAMINER ALONG SES SHOULD BE USED AS A BURIAL "TRANSIT PERM TE DEPARTMENT OF HEATH AND MENTAL HYGIENE OIT PROR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS	DATRIBUTING TO DEATH B	EUT NOT RELATED TO THE TERM	AINAL DISEAS	E OR (DNDITIDN	GIVEN IN PART 1	lg).		
MECON METERS OF ASSETS OF	CERTIFICATION	190. DATE OF OPERATION	198 CONDIT	ION FOR WHICH OPER	RATION W	'AS PERFORA	AED?			20 AUTOPSY?
SHOUNE CHIEF CHIEF TOFF	TIFIC									YES NOTO
OF V	CER .	210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEA	R 21c. H	OW INJURY	OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
NON TO THE ON TH	MEDICAL	CONTRIBUTING CAUSE OF D	DEATH 11:45x			Subject	t fell	from lad	der	
DIVIS S CER REDED SE 3 S SE 3 S SE 2 S SE 2 S SE 2 S SE 3 S S SE 3 S S S S S S S S S S S S S S S S S S S	WED	WHILE NOT WHILE		ORY, FARM, ETC.)		TREET		CITY OF TOWN		DUNTY STATE
STATE WAS		AT WORK AT WORK	7	ard					7	Howard, Md.
A THE STATE OF THE			e of the removes desc	aribed above, heldfor	Autop	sy L.J. Homici	Inspection	X), Inquiry L	, and in my a	pinian
XAM EERTIF OIRE OWITH ARE		1 100	1.00	4	ncide			Ongerermined main	iei 🔲,	
K. W. H.		SIGNATURE 1	101/1/	mush	M	Deput	y Chie	EMEDICAL EXAMIN	DATE SIGN	8/16/83
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL. TRAINESTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE, MARYDAND, 21201 PROR TO BURRAL, CREMATION, OR R.	1	EXAMINER'S NAME The	omas D. Sr	mith, M.D.	/		111 P	enn St.	BaltoN	M)
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOVAL 2		23c NAME OF CE		ADDRESS R CREMATO		23d LOCATION		NTY STATE
BP		Burial :	19 Aug 8	3 Lakevie	W Ce	emete	rv	Blacksto		Virginia
DHMH - 17		UNERAL DIRECTORFLECK	FUNERAL	HOME INC		2	So. DATE REC	1 8 <b>1983</b>	754 REGISTRAIPS	SIGNATURE
(VR A15 ME (5)) 20M 4/82	&	¢7601 Sandy S	Spring Ro	. Laurel	Md.		AUU	1 0 1903	Hand	Cahulf



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

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executed within 24 hours ofter death. Pag

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directite should be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages 1 and 2 should be filed within 72 hours a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or ather troumatic event, the

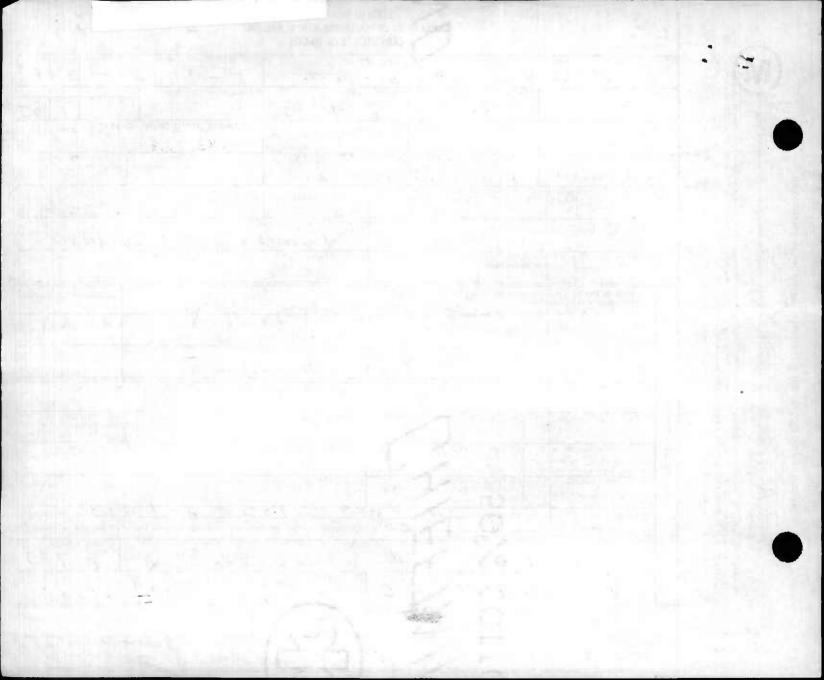
# FOR DEPARTMENT OF HEALTH AND MENTAL RYGIENS STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

20 7 6 5

REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) / Eric	Dewright Gil	liam, Jr.	8-7-8	3 3'X5 M
3. SEX	Black S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MC  10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? 8. MARRI  WIDOW  11. NAME OF HOSPITAL, NURSING HOME  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		BALTIMORE CITY OR COUNT      ITHE USUAL OCCUPATION      (TYPE OF WORK FOR MOST OF WORKING (	124 KIND ORBUSINESS OR
USUAL RESIDENCE (IF NURSING HOME	PROVIDENT GO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			
Md.	Baltimore	13d. INSIDE CITY LIMITS?  YES ☑ NO ☐  15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 4205 Bonner	Rd. 21216
160 WAS DECEASED EVER IN U.S.	Gilliam  ARMED FORCES?   166 SOCIAL SECURITY NO.	FIRST TO D	MIDDLE	VOHA SON
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	ONLY ONE COUSE PET line for (0), (b), and (c), 1 (SED BY:  IATE CAUSE (0)	yzinatory - vrabilit ene domn	A rouf  y  return ty  minal disease or condition G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	. 196. CONDITION FOR WHICH OPERATION		YES NO NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \ NO
OR CONTRIBUTING CAUSE OF CHE EITHER NOTHY MEDICAL EXAMI	DEATH HOUR A.M. MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)  COUNTY STATE
sow the deceased alive above, (1) (we) (did) (did	spital) attended the deceased from 19 13, on 10 view the body after death.		death occurred on the date and ha	
22b. SIGNATURE	edo 5 md.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	P-7-63
P. L.	SALDANA M.D.	220 ADDRESS 26 Baltin	now hild	Ha: 11215
(SPECIFY) Incinerat		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4) Provident Hospital, 2600 Liberty Heights,

AUG 1 7 1983 John & Court



BP.

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•	FOR  STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H NER'S CERTIFICATE O		6 .
Ī	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN X MONTO OF ESTI- DEATH MATED \( \Bar{\text{8}}\)	7 1983 2b. HOUR
3.	SEX A RACE White	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTI	GILLIAM  YEARS IF UNDER TYR. IF UNDER HOAY) MONTHS DAYS HOURS YRS.		111
55	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Kentucky	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARR WIDOWED DIVORC	ED □ Baltimore Ci	ty, MD.
0	Baltimore	11. NAME OF HOSPITAL, NURSING HO (1F NOT IN SUCH FACILITY, GIVE STREET ADDRESS 202 S. Stricker	Street	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor	Venet. Blind
35	Md .	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI TY   13c. CITY OR TOWN Balto.	YES NO	13e STREET ADDRESS 202 S. Stricker S	t. 21223
0	4 FATHER'S NAME FIRST  Jason  66, WAS DECEASED EVER IN U.S. ARM	Field  AED FORCES?   16b. SOCIAL SECUR	15 MOTHER'S MAIDI FIRST  Martha RITY NO. 17. INFORMANT	MIDDLE	Lawhorne
	(YES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)			as #13.)
REMAILON, OR REMOV	_	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	E OF	RT 1 (a).	
7	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OP	PERATION WAS PERFORMED?		20 AUTOPSY?  YES □ NO 🎗
			21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	
	CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN (	COUNTY STATE
2 (MAX )	ACTUAL SKINNATURE VELLEL	ennis F. Smyth, M.D.	Suicide Homicide	Undetermined manner .	E 8-7-83
2	(Specify)  Removal	8/8/83 23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN CO	OUNTY STATE
1	24 FUNERAL DIRECTOR NAME Anatomy P	ADDRESS	Md. 250. DATE	G 1 2 1983	& Court

E C CONTRACTOR CONTRACTOR Enthucky 17.5. Small dateV year versus M02-30-3583 (Mrs. Relan Gilliam (Once as \$13.) filesta labour Anatomy Tonid Balto., vd.

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

executed within 24 hours ofter death. Page

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL REGIENCE

1 -	STATE REGISTRAR			J. A.	CERTIF	ICATE O	DEATH	012112	REG. N	10.			
	CEASED NAME	FIRST		AIDDLE	l.	AST		2a. DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(ITPE	OKPKINI)	ALVERT	A	M.		SILLIS				8:	27	83	7:40PM
SEX	(	4. RA	CE		5. DATE C			6. AGE (IN	YEARS LAST 8	RTHDAY)		NDER I YEAR	IF UNDER 24 HRS
FS	Mals	G	TIHL	5	OCT	- 2	1898	184	_	YRS	MONT	THS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 76. C	ITIZEN OF	WHAT COUNTR		Пири	R MARRIED D	9. BALTIM	ORE CITY			DEATH	
0	ARYLAND	1	J.S-	A.	MARRIE		DIVORCED TO	BA	LTIMO	RE C	CITY	Z	MD.
0. CI	TY OR TOWN OF DEA			OSPITAL, NUR		OR OTHER IN	NSTITUTION		OCCUPAT			126. KIND O	F BUSINESS OR
-	BALTIMORE		UNION	MEMORI.		PITAL		OPI	0 0	OR R	(10.5)	+P.	TILCO
	AL RESIDENCE (IF NURS	ING HOME OR OTHER	INSTITUTION,			4 19 4 Th IC ID	OFT VILLATES	13e STREE	TADDRECS				21239
76	no was	138. COUNTY		ROLT	VIRS	YES V	NO []	PHC	1 LO	CHE	LAV	50 1	Blvo.
4. FA	THER'S NAME					15. MOTHE	R'S MAIDEN NA	AME					
	HS NRY	MIDDLI		FSIF	SR		MARY		MIDDLE		C	URRY	
	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFOR	MANT	0	ADDI	ESS			
	ES. NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	218 12	7036	FR	Mily	KEC	ORDS				
	18 CAUSE OF DEAT			line for (a), (b),	and (c).	1						APPROXI-	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY:		Caro	diac	Arre	25+			WE			0
	5315		DUF TO OF	AS A CONSEC	DUENCE OF							-	1
	Conditions, if ony,	which	(b)	Perfor.	ated	Gast	Fric CI	Lynne	( U.	cer		6 d	ays
	gove rise to imm		DUF TO, OF	AS A CONSEC	DUENCE OF								
	underlying couse		(c)										10 43
	PART 2. OTHER SIGN	NIFICANT CONE	ITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEA	SE OR CO	DITION (	SIVEN	N PART 10	) ·
CERTIFICATION	Cerek	rovasc	ular	Accid	dent	Ver	foratell	pylon	ic C	hunn	el	ULC	er
CAT	190. DATE OF OPERA	TION	. 0	TION FOR WHI	CH OPERATIO	1.4		200 AUT	OPSY?	20h: IF	TEYIN	ERE FINDING CALISES	OF DEATH?
TIFF	8/21/8	3	Per	torated	Sylori	c U	lcer	YES 🗌	NO		YES [	]	NO [
CER	210. ACCIDENT WAS UNE		11b. TIME O		DAY YEAR	21c. HOW	INJURY OCCUR	RRED (ENTER	VATURE OF INJ	URY IN ITEM 1	8 PART I	OR PART 2)	
CAL	OR CONTRIBUTING (		P./		19								
MEDICAL	21d. INJURY OCCURE		TIE PLACE	OF INJURY	E CARA ETC 1	21f. LOCA	TION		CITY OR T	OWN	1.1	COUNTY	STATE
2	WHILE NOT WE	ILE	(AT NOME, STR	EET, FACTORT, OFFIC	.c. ranm, erc )				,				
	220.1 certify that (1)	(this hospital) a				1/21	19 83	, ta	8/2	. 7	. 19_	83	that (I) (we) lost
	saw the decease obove, (1) (we) (c	ed alive an did) (did not) vie	- 41	27 19 after death.	83 . 01	nd that in (n	ny) (our) opinian	deoth occur	red on the	dote and h	our on	d from the	causes stated
	774 SIGNATURE	1 41	111	11	7	DEGREE				5 4.5	/	22c. DATE	SIGNED
	faill	> 1009	hold	- x	1	no	PHYSICIAN	MEDICAL DIRECTO		CIAN 🗗		8/27	1/85
	22d. PHYSICIAN'S NA	AME (TYPE OR PRIN	T}	V		22e ADDF	RESS						4-10
	EARL	B. McF	ADDEN		021/00	U	VION MEM	ORIAL	HOSPI	TAL	6		

NAME

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

230. BURIAL, CREMATION, REMOVAL BURIA 24. FUNERAL DIRECTOR 8800 HARFORD

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4. 7. EV. LITTLE B. HCTOLIN I WILLIAM SATISFAN BOARD SA 

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	TO HOSPITAL OR ATTENDING PHYSICIAN	retained by the hospital or attending ph
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funerak directly should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed warnin Z2 had with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

irector, page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE

		DED A DS	TMENT OF HEALTH AND MENTAL HY	GIENE	1 1 0 0	
1	FOR	DEPARI		Office Co		
1	STATE REGISTRAR		CERTIFICATE OF DEATH	DEC NO		
) DE	CEASED NAME FIRST	WIODLE	LAST	REG. NO	MONTH DAY YEAR	2b. HOUR
					1~-	130
	WICHA	EL A. 61	COM	8 21	183	IA
3. SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		
	MALE	White	MONTH 23 03	80	MONTHS DAY	S HOURS MI
Zef B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
Yc	OUNTRY		MARRIED LI NEVER MARRIED	CITY		
	ew_York	USA	WIDOWED CO DIVORCED	9119		
10 0	ITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF		OF BUSINESS
1	PALTIMUNE	SINAT	HOSPITAL	Retired-Ad	Manager La	rry Beci
USU	AL RESIDENCE (IF NURSING HOMEO	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE AOMISSION)		21207	
130. 3		Woodlaw		138. STREET ADDRESS	10 Mayun	AK AT
M E	ATHER'S NAME	er woodtawi	YES NOTTE		101000	
7	FIRST	MIDDLE 2.77 LAST .	FIRST	MIDDLE	0-11-	AST
-	Anthony	Gillotti Gillotti	Theresa		Gatto	
	WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT Reis	terstown ADDRE	SS MD 211.	36
pr (	yes, no or unknown) $I$ (if yes, given $No$	E WAR OR DATES) 048-01		a Falkenberg		mut. Hi.T.
_		1- ( 3 3 )		a ranemer		DXIMATE INTERVAL N ONSET AND DEA
	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), a	_ 11 _	. 1/	BETWEE	N ONSET AND DEA
		1//11/11/11	PED ABDOMIN	AL HORTIC	and a	
		TE CAUSE (0)_ KOV10	ANTIPU			
	4413 IMMEDIA	1//11/11/11	HENCE OF ANDIPU	sm	WLARE	
	4413  Conditions, if ony, which gove rise to immediate	TE CAUSE (0)_ KOV10	HENCE OF ANDIPU		WLAR	
	Conditions, if ony, which gove rise to immediate cause (a), stating the	TE CAUSE (0)_ KOV10	UENCE OF ANSIPU EROSUEPOTIC C	sm	WLAR	
	4413  Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (b)	UENCE OF ANSIPU EROSUEPOTIC C	sm	WLAR	
	Conditions, if ony, which gove rise to immediate couse 101, stoling the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	UENCE OF ANSIPU EROSUEPOTIC C	ARDIOVASC ASE		1(o)
NOI	Conditions, if ony, which gove rise to immediate couse 101, stoling the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	UENCE OF ANDIELL  LENCE OF AND	ARDIOVASC ASE		l(o)
ATION	Conditions, if ony, which gove rise to immediate couse 101, stoling the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	UENCE OF ANDIPUL  LENCE OF USE  DEATH BUT NOT RELATED TO THE TER	ARDIOVASC ASE	DITION GIVEN IN PART	INGS USED
IFICATION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	UENCE OF ANDIEN  LENCE OF USE  DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED	MINAL DISEASE OR CONE	DITION GIVEN IN PART  20b. IF YES, WERE FING IN CERTIFYING CAUSI	INGS USED
ERTIFICATION	Conditions, if ony, which gove rise to immediate cause io), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT CONCESSION DATE OF OPERATION  8 20 8 3	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE	UENCE OF ANDIELL  UENCE OF DISC  DEATH BUT NOT RELATED TO THE TER  THURE  H OPERATION WAS PERFORMED  AAA	MINAL DISEASE OR CONE  200 AUTOPSY?  YES \( \text{NO.} \text{NO.} \text{NO.} \text{YES.} \( \text{NO.} \text{NO.} \text{YES.} \( \text{NO.} \text{NO.} \text{NO.} \text{YES.} \( \text{YES.} \)	DITION GIVEN IN PART  20b. IF YES, WERE FING IN CERTIFYING CAUSI YES	INGS USED ES OF DEATH?
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT CONCESS  19a. DATE OF OPERATION  8 20 8 3  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONDITIONS FOR WHICE CONDITIONS FOR WH	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  A A A PROPERTY OCCU	MINAL DISEASE OR CONE	DITION GIVEN IN PART  20b. IF YES, WERE FING IN CERTIFYING CAUSI YES	INGS USED ES OF DEATH? NO
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	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT CONCEST  19a. DATE OF OPERATION  8120 8 3  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE OF INJURY  P.M.  216. PLACE OF INJURY  191. TIME OF INJURY  216. PLACE OF INJURY  216. PLACE OF INJURY  216. PLACE OF INJURY	UENCE OF  DEATH BUT NOT RELATED TO THE TER  DEATH DEAT	MINAL DISEASE OR CONE  200 AUTOPSY?  YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES  YES  YIN ITEM 18, PART 1 OR PART 2	DINGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT CONCEST  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTIONS TO CONTRIBUTIONS CONT	UENCE OF  DEATH BUT NOT RELATED TO THE TER  DEATH DEAT	MINAL DISEASE OR CONE  200 AUTOPSY?  YES \( \text{NO.} \text{NO.} \text{NO.} \text{YES.} \( \text{NO.} \text{NO.} \text{YES.} \( \text{NO.} \text{NO.} \text{NO.} \text{YES.} \( \text{YES.} \)	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES  YES  YIN ITEM 18, PART 1 OR PART 2	DINGS USED ES OF DEATH? NO
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DHMH-16 50M 7/77 (VR A 15 (4))

8728 Liberty rd.

Randallstown.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MY GIENE FOR CERTIFICATE OF DEATH REGISTRAR

- STATE 1. DECEASED NAME 20 DATE OF DEATH MONTH DAY 2b. HOUR LIVE OF PRINT ester 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 20 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED C+Imore yary and WIDOWED IN CITY OR TOWN OF DEATH 12b. KIND BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY of Waru unemploy e 13e STATE 136 COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mary land YES X NO [ 2200 HUNOVE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE orse 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ARTHUN GLADDEN 22 N Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY 2 months cemia ALL DEV CA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Savamous ce Carcinoma Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN NOT WHILE AT WORK Juli 220.1 certify that (1) (this hospital) attended the deceased fram, 8-3, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

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should be dete with the State IMPORTANT: FUNERAL

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SURIAL and sall 13 Houge 63 for 9 /m al

23b. DATE

230 BURIAL, CREMATION, REMOVAL

brams

23d. LOCATION

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### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA SYGIENE CERTIFICATE OF DEATH

20970

4		REGISTRAR		CEKITE	ICAIL OF DEATH	REG. NO.				
1		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOUI	R
	ITTE	VIRGIN	IA Marianna	GLO	DEK	Aug.	17,	83	3;51	PM
3	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		DER TYEAR	IF UNDER	24 HRS
ķ.	1	FEMALE	WHITE	Mar		65 YRS		DATS	HOURS	MIN,
ā		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN				
4	Pe	ennsylvania	U.S.A.	WIDOWE	DIVORCED	Baltimore City, 120 USUAL OCCUPATION 12b. KIND OF BUSINESS				
	Baltimore  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET,  St. Agnes H				tal	G LIFE) 12	12b. KIND OF BUSINESS OR INDUSTRY Home			
3	13a. S	TATE 136.COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW A.A. Linthi	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS -21 825 Fairvier	1.090 W AV		P	
		THER'S NAME		Cuii	15. MOTHER'S MAIDEN NAM	ME	230	CIIG		
4		Joseph	Guzik		Albeana	WIDDLE		(un	know	m)
		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT -hus.	band- ADDRESS Sa	me	as :	# 13	
	{Y		N/A 218.18.	5917	Mr. Theode	ore Glodek, Sr	m _g)1	W		
		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  (c)	o pa	e skock.	arrest		BETWEEN	imate inter Onset and i	DEATH
	ATHON	PART 2. OTHER SIGNIFICANT  PART 3. OTHER SIGNIFI	POSTZESUS, I.D.	D.M		thy ridin CV	A.E	(RP)	Herry NGS USED	0
4	CERTIFICATION	THE DATE ON OF ENAMED.	The condition to a which		THE STATE OF THE S				OF DEATH	H?
1		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	B PART I C	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TOWN	c	OUNTY	SI	TATE
		sow the deceased olive or	n 3PM 8-17 19	83.,0	nd that in (my) (aur) apinion of	, to	19_		that (I) (w	
		276. SIGNATURE PL	vuz		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	SIGNED	
		BHOWR			22e ADDRESS St ASV	nes Itosp.	B	al	10.	
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	INTY	51	TATE
	24 52	Burial	20'Aug.83 C		Hill Cem.	Brooklyn,	A.A		0	MD
		Singleton Fi	uneral Home/G1		Burnie 25a DATU	IG 2 3 1983	ISTRAR'S	2.0	لنبطه	A

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR.

LR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and campletely filled in by the funeral director, pag should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after diwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR
NAME
Arehart F

STATE OF MARYLAND

Funeral Home, Inc. La Plata, Md

1 -	FOR STATE REGISTRAR			DEPARTA	RTMENT OF HEALTH AND MENTAL HYGIENES 2 0 9 / 1								
1 05/	CEASED NAME	FIRST		AIDDLE		(AST	REC	H MONTH	DAY Y	EAR	2b. HOUR		
	OR PRINT)	ohn		amont	1	oden	28. DATE OF BEAT	8	10 8		1020 am		
3. SE	X	1	. RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1		IF UNDER 24 HRS		
2	(Y)ale		Car	<b>C</b> •	MONTH	15 OF	82	YR	rs.	DAYS	HOURS MIN.		
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH						
	Maryland	January Co.	USH		WIDOWE		Baltimore City MD						
10. C	ITY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN		OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
B	altimore		Sina				Never Worked none						
	AL RESIDENCE (IF NUR	BH COUN.	TYY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE		0 1 1 116	2	0640		
14 FA	Md .	I v Cila	rles	Pisgar	1	YES NO X	Gene	lai D	elive	: L Y			
	Lamont		IDDLE	Gloden		Isabell	MIDDI	LE 3	Carmi	ch			
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESSGen. Del.						
	NO OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES)	Unknown	1	Calvin Com			obacc	0,	Md. 206		
TION	PART 2. OTHER SIG	, which mediate and the elost.	DUE TO, OI  (b)  DUE TO, OI  (c)  VIDITIONS CC	RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO DE  ONTRIBUTING TO DE	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR C			ART Ira	0		
IFIC.	170. CC			JIOIN TOR WITHOUT	OFERATIO	WAS PERFORMED		RTIFYING CA	ING CAUSES OF DEATH?				
MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	YES NO		YES 18 PART I OR PA	ART 2)	ио П		
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE (AT HOME, STRE			OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY C	CITY OR TOWN			STATE		
	22a. I certify that (I) sow the decos obove, (I) (we) ( 22b. SIGNATURE CHUPT 22d. PHYSICIAN'S N Retesh	(this hospite ed alive on did) (did nat	view the body	19	83.0	DEGREE  ATTENDING PHYSICIAN  22. ADDRESS  SINIA HO	MEDICAL DIRECTOR PH	STAFF _	-	m the c	that (I) (we) last couses stated SIGNED		
	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	1734 EQCATION						
	(SPECIFY) Bur		8-12			Meth.Ch.Ce	ITY OR TOW		TOUNTY		STATE		
24 FL	UNERAL DIRECTOR	242	0.12	00 11.	Jan		TE REC'D. BY REGISTI	RAB 256. REC	GISTRAR'S SI	GNATI	aryland		
Ar	ehart Fu	neral	Home	TOC	a Di		G 1 7 1983	Joan	A 1	su	n 43		

BP DHMH - 16 50M 4/82

(VRA 15, 4)

retained by the hospital or attending physician

TO HOSPITAL

Sandy Sandy

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Nd. Charles Flogol : Nx General Delivery

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Archart Funeral Home, Ing. La Make, ad. 1200 -

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Hrs. Glover

REGISTRAR				CERTIF	ICATE OF	DEATH	100	REG. NO.					
1. DECEASED NAME (TYPE OR PRINT)	ORA	a	TANE Jane	1.	OVER	ver	20. DATE OF D	EATH MONTH	17-83	26 HOUR 8:04 p			
3. SEX Femal	e	S. DATE OF BIRTH			6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.					
70. BIRTHPLACE (STA		U.S.A	WHAT COUNTRY?			MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY						
BALT IMO			OSPITAL, NURSIN			NOITUTITE	120 USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKIN	IG LIFE) 12b. KIND C INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY			
USUAL RESIDENCE (	F NURSING HOME OR O		Battimo	N	YES 💢	CITY LIMITS?		to Paul	. Street.	21218			
George		DDLE	hapman		M	ollie			Haney 1	ST			
160 WAS DECEASED (YES, HOOR UNKNOW		ED FORCES? WAR OR DATES)	218-64-	2189									
gove rise to couse (o), underlying  PART 2 OTHER	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF BRAIN DEATH  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A CONSEQUENCE OF CARDIOR SER.  DUE TO, OR AS A												
SIO TO STATE OF O	190 DATE OF OPERATION 196 CONDITION			ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO						
OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY					18 PART   OR PART 2)				
WHILE AT WORK	WHILE NOT WHILE TO (AT HOME S			E STREET, FACTORY, OFFICE, FARM, ETC ) STREET				CITY OR TOWN	COUNTY	that (I) (we) las			
sow the d	22a.1 certify that ## (this hospital) attended the deceased from												
22b. SIGNATUR	Theodore frame my ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								221. DATE	17/83			
226. PHYSICIAN	N'S NAME (TYPE OR	RAM	22		CLN/		moRAL.	HUSP.					
230 BURIAL, CREMAT	rial	23h DATE 8-19-	_	- 4 .	emetery of	netery	23d. LOCAT		Balto. (	o., Malate			

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

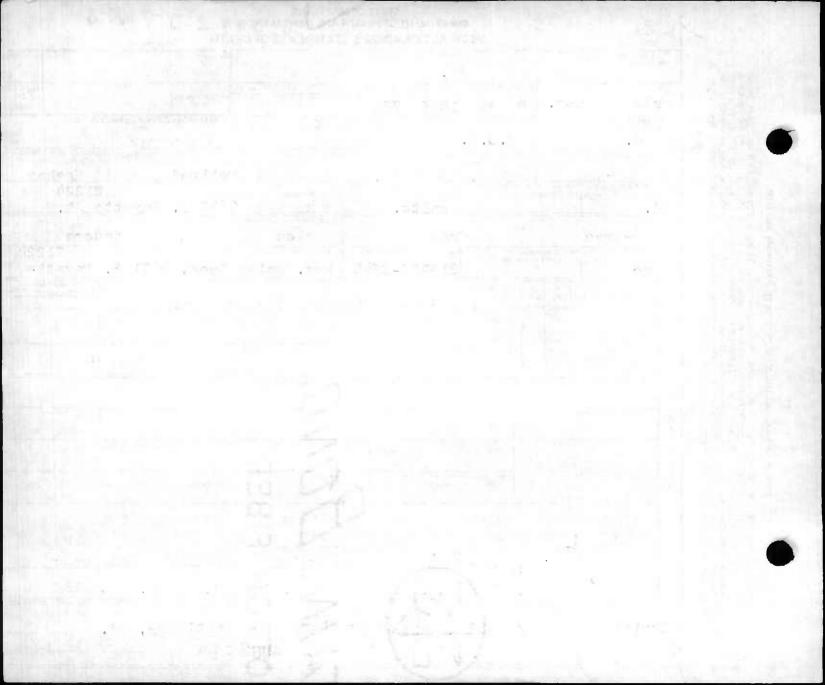
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	JY.		FOR STATE REGISTRAR	ME	STA DEPARTMENT OF DICAL EXAMIN	TE OF I	AARYLANI H AND MEI CERTIFIC	O NEAL HYGIEI ATE OF DE	NE 2	0 9 REG. NO.	7	3		
			CEASED NAME FIRST E OR PRINT)		OF				ESTI-	MONTH	DAY YEAR	26 HOUR		
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ER DEATH IF ANY DELAY IS NECESSARY, PLE	OUR STREET	3. SE)	ale Cauc.	5. DATE OF BIRTH	EARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE  AND MONTHS DAYS HOURS MIN. PRONOUNCED  DEAD  (RS. )					8 2	3 25 19 83 a M			
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	SON WELL	l <sub>B</sub>	altimore	3631 E.	Favette St				retire			Esskay		
	AND 3 COULD IN COULD	USUA 130. S	L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN		\$SION)   13d. INSIDE CITY LIMITS?   13e STREET ADDRESS						21224 ette St.			
	CEN MIN	_	THER'S NAME	MIDDLE	Balto.			15. MOTHER'S MAIDEN NAME						
	STA STATE		George	MIDULE	Helen					Dauses				
	NE SERVE		VAS DECEASED EVER IN U.S. AR. (15 YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURI		17. INFORMA			ADDRESS			224	
	VISK VISK		no		213-05-2	548	Mrs.	Helen	Goeb,	363.	L E.	Fayet		
DIVISION OF VITAL RECORDS, 201 W. PRESTON S' CEPTIEICATE SHOULD BE EXECUTED WITHIN 24 HO	NDING" IN PENCIL II EDICAL EXAMINER SA BURIAL-TRANS LITH AND MENTAL H REMATION, OR REM	Z	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
	RO "PEND HIEF MED USED AS OF HEALT	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION V	AS PERFORM	ED?				20 AUTOPSY		
	ALE WOLLD BE WENT THE COLOR	IL CERTI	210 EXTERNAL CAUSE WAS		A. MONTH DAY YEA		OW INJURY C	OCCURRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PAR		NO 💢	
Ī	VRITING ARDED 1 GE 3 SH (GE 3 SH (TE DEPA	MEDICA	CONTRIBUTING CAUSE OF  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE	A. 19 OF INJURY (AT HOME, ITORY, FARM, ETC.)		OCATION STREET	Li.I	CITY OR TOW	N	COU	ути	STATE	
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA PATTER DEATH WITH THE STA PATTER DEATH, WITH THE STA PATTER DEATH PAT		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . ond in my apinion death resulted fram: Natural causes . Accident . Suicide . Undetermined manner .											
	RAL DI RAL DI RE, MA		ACTUAL SIGNATURE	Dry	M	^		istant ME	DICAL EXAMI	NER	DATE	8-25-	83	
	MEDIA GECUTE GE 4 S FUNE TER DE		EXAMINER'S NAME Ann	M. Dixor			ADDRESS	III Penn		Balto.	, Md	. 21201		
	BP SASS	Burial 8/27/83 Oaklan Cemetery Baltimore, Md.												
	DI		UNERAL DIRECTOR	V/ E// U,	USKISY	21	23	a. DATE REC'D. B				GNATHRE 0	A ·	

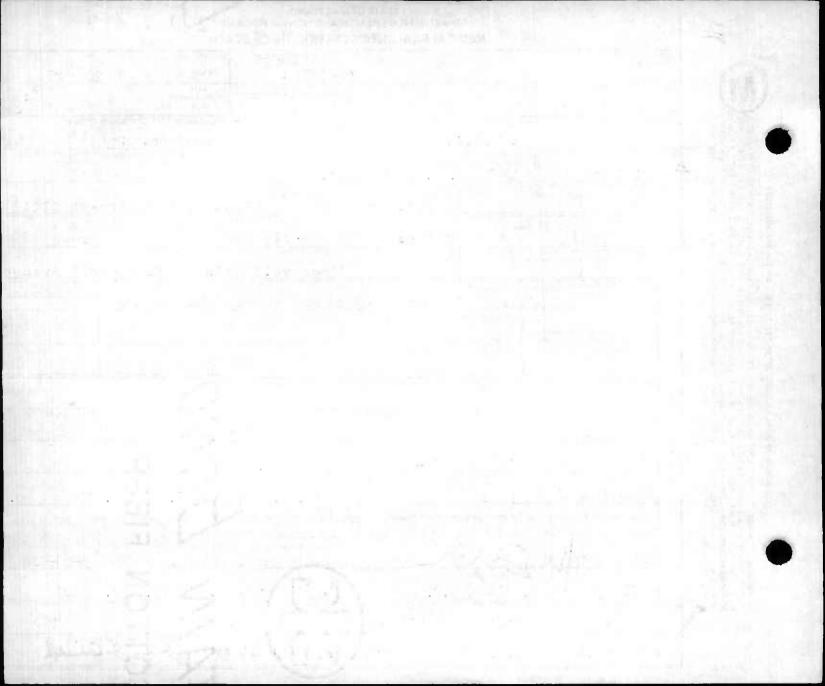
(VR A15 ME (5)) 20M 4/82



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201
DICAL EXAMINER: TE THE CERTIFICATE	dical examiner; this certificate should be executed within 24 hours after death. If any delay is ne Te the certificate, writing the word "pending" in pencil in 17em 1b. give pages 1, 2, and 3 to the full
SHOULD BE FOR	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5.
DEATH, WITH THE	PERMIT WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201

20M 4/82

	FOR STATE			EPARTA			ARYLAND AND MENTAL	HYGIEN	E 2	0 9	7	4	
	REGISTRAR		WEI		XAMINE	R'S CE	RTIFICATE	OF DEA	TH	REG. NO.			
	CEASED NAME	FIRST		MIDDLE		L/	GOING	ES	20. DATE KN	NOWN X	MONTH (	OAY YEAR	2b.
		JOHN	NY R	av		( G	OINGS )		OF DEATH A	ATED	8 2	0 19 83	3
3. SEX	4 R	ACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		ER 1 YR. IF UND		20 DATE		MONTH I	DAY YEAR	345
Με	le E	lack	3 6	59	24 YRS.	MONTHS	DAYS HOURS	MIN.	DEAD		8 2	0 19 83	
7a B	RTHPLACE (STATE	OR .	76. CITIZEN OF WE	AT COUNT	RY? 8.	MARRIEI	NEVER MAI	RRIED X	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH	
N	laryland		U.S.	Α.		VIDOWE			Balt	imore	City		
10. C	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1120 USUAL OCCUPATION (TYPE OF WOR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)							FWORK 12b	OR INDUSTRY		
	Baltimor		1500 blk. N. Stricker St.										
	AL RESIDENCE (IF IN TATE	NURSING HOME O	R OTHER INSTITUTION, GIV TY		EFORE AOMISSION) OR TOWN		3d INSIDECITY LIMITS	13e STR	EET ADDRESS				
N	laryland			Ba	ltimor	e	YES X NO [	□ 184	45 E.	30th	Str	eet 2	12
14. F	ATHER'S NAME		MIDOLE	t.	AST		5. MOTHER'S MA	IDEN NAME	MIDI	)LE		LAST	
	Roosev				nges		Bessi	e				Brown	
16a. V	VAS DECEASED EV ES, NO, OR UNKNOWN)	ER IN U.S. ARA	AED FORCES? WAR ORDATES)	16b. SOCI	AL SECURITY N		7. INFORMANT			ADDRESS			
	NO .						Rooseve	1t Go	oinges	2230	O Ce		
716	18 CAUSE OF DE	ATH (Enter on)	y one couse per line			1		-				APPROXIMA BETWEEN ONS	E INI
-	01-		E CAUSE (o)			ids c	f head (	unspec	cified	weapo	n)		
	765	f ony, which	DUE TO, OR	AS A CONS	SEQUENCE OF								
	gove rise	o immediate	(b)										
	lying couse le	ing the <u>under</u> - ost.	DUE TO, OR	AS A CONS	SEQUENCE OF								
3	BARY & DYNES CICALIF	CANT CONDIVIOUS	(c)										
Z	PART 2 OTHER SIGNIF	CAMI COMOIIIONS	CONTRIBUTING TO DEATH 1	OU NUI RELAI	EU IU INE IERMINA	L UISEASE C	IR CONDITION GIVEN IN	PART I (Q).					
MEDICAL CERTIFICATION	190. DATE OF OP	RATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	?		
IIFIC												YES X	1
CER	210. EXTERNAL C	_	21b. TIME OF HOUR A.M		DAY YEAR	21c. HO	W INJURY OCCUR	RED LENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2	}	_
CAL	UNDERLYING CONTRIBUTING	X) OR CAUSE OF D	EATH 5:35KK			Sub	ject sho	t.					
EDI	21d. INJURY OCC		21e PLACE C	OF INJURY ORY, FARM, ETC		21f. LOC	ATION		CITY OR TOWN		COUNT	v	
2		OT WHILE K		eet		1500	blk. N.	Stric			lto.		
	22a I certify th	at I took charg	e of the remains desi	ribed obov	e, held on	Autopsy	X, Inspec	tion .	Inquiry	], ond	n my opinio	on	
	death resulted f	om: Notur	ol couses ,	Accident	, Suicie	de .	Homicide X	. Undet	ermined moni	ner [],			
9	CONTRACT OF THE PARTY OF THE PA	1	ON.	2			TITLE (SPECIFY)						
	SIGNATURE	MV	VX			M.D	Assista	nt_MED	ICAL EXAMIN	IER	DATE SIGNED_	8-20-	-8
	EXAMINER'S NA	AF \	- /				5771			=		0400:	
	TYPE OR PRINT	איחח	M. Dixón,				DDRESS 111			alto.,	Md.	21201	
	URIAL, CREMATION		3b. DATE 3/26/83		AME OF CEME			23d. LC	CATION ORTOWN		COUNTY	14	ď.
	JNERAL DIRECTO		0/20/03	ра	ltimor	e C				•	DARK CLC		a .
			Inc. Inc.	101 1	Nort	h 1-	re. AUI	6 2 2	REGISTRAR	NO COL	RAK S SIGI	MATURE	2
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20M 4/82

STATE OF MARYLAND

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retained by the hospital ar

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

20976

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST FOR GRANTINE	MIDDLE	Go	Idman	26. DATE OF DEATH MONTH	7/83 8.7
3. SE	FEMALE	4. RACE WHITE			6. AGE (IN YEARS LAST BIRTHDAM)  6.7 YRS	
	STATE OR FOREIGN COUNTRY)  MARYLAND	7b. CITIZEN OF WHAT COUNTRY?  USA	9 8. MARRIE WIDOWE	D NEVER MARRIED	BAFT IN	NOVE City
15	BALTimore City	1). NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREE  N. CHARLES (	TADDRESS) GEN. H		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLERICAL	126. KIND OF BUSINESS INDUSTRY REUBEN DONN
130. 5	MARYLAND 13b. COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV BALTIMOI	NN	13d. INSIDE CITY LIMITS? YES XX NO [	130. STREET ADDRESS APT 3615 FORDS LA	
	DAVE	MIDDLE SILBERMA		15. MOTHER'S MAIDEN NA/	MIDDLE	ISRAELSON
16a V	WAS DECEASED EVER IN U.S., AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECTION (166 SOCIAL SECTION 166 SOCIAL SECTION		17. INFORMANT D 2430 DIANA	R. MARSHÆEESGOL RD. BALTO., M	
		167				
CATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO			20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
DICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEALER OF THE STATE OF THE STAT	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this Mospi sow the deceased live on above, if (we) (and) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DAY YEAR 19 FARM, ETC.)	N WAS PERFORMED  THE HOW INJURY OCCUR!  THE LOCATION  A TREET  TO GOT (GUT) apinion of	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO SEPART 1 OR PART 2)
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WEDICAL	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DAY  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this Mospi sow the deceased live on above, if (we) (and) (dig to 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE.  21 view 11b. Jody after death.  23b. DATE 23c. DATE 23c. CONDITION FOR WHICH	PAY YEAR 19 FARM, ETC)  NAME OF C	THE LOCATION  THE LOCATION  THE LOCATION  THE LOCATION  TO THE LOCATION  T	200. AUTOPSY? 20b. IF Y IN CER YES NO PROPERTY OF THEM 1	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH' YES NO SEPART 1 OR PART 2)

DHMH - 16 50M 4/B2 (VRA 15, 4)

3/3/83 8 40 FIREDR - Goldman La Trimere of the September 19 The Committee of the Commit Chronic Congrictor Hait There to be been for my - X 2/2/83 Marcos 13. Caricia de mo Porth. Combas GEN Herd

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pog

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and campletely filled in by the funeral director,

and 2 should be filed with

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital ar attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENES

20977

- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO	D
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)  BENJAMIN  S.	GOLDSTEIN	20. DATE OF DEATH	9 22 83 11.35pm
3. SEX MALE 4. RACE WHITE	S. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNT COUNT MARYLAND	RY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEATH BOLTO. MD.
BALTIMORE 11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION (REET ADDRESS)	120. USUAL OCCUPATION MERCHANT	ON FWORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY RETAIL
USUAL RESIDENCE IN NURSING ONE OR OTHER INSTITUTION, GIVE RESIDENCE BILL TIMORE 130. CITY OR TO BALTIMORE	TO 134 INSIDE CITY LIMITS?		N. BROTK RD 2120
FATHER'S NAME FIRST LOUIS  MIDDLE GOLDST		MIDDLE	STRUMWATER
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL S		RS. RUTHEADERS ROOK RD. BA	ALTO., MD 21208  APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WH  210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY		MINAL DISEASE OR CONL	20b. IF YES, WERE FINDINGS USED
E Company		YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OR CONTRIBUTING CAUSE OF DEATH    IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.	DAY YEAR	RRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK 1 WO	211. LOCATION STREET	CITY OR IO	wn COUNTY STATE
220.1 certify that (I) (this haspital) attended the deceased fro saw the deceased alive an	9, and that in (my) (aur) apinia	ta, ta n death accurred an the do	, 19, that (I) (we) last and haur and fram the causes stated
226 SIGNATURE Myoung, MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
22d PHYSICIAN'S NAME (Type OR PRINT)  JOHN P. YOUNG	220. ADDRESS S/NA-1	HOSP OF	BALTO
230. BURIAL, CREMATION REMOVAL AUG. 24,1983	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	

BP\_\_\_\_\_ DHMH - 16 50M 4/B2 (VRA 15, 4)

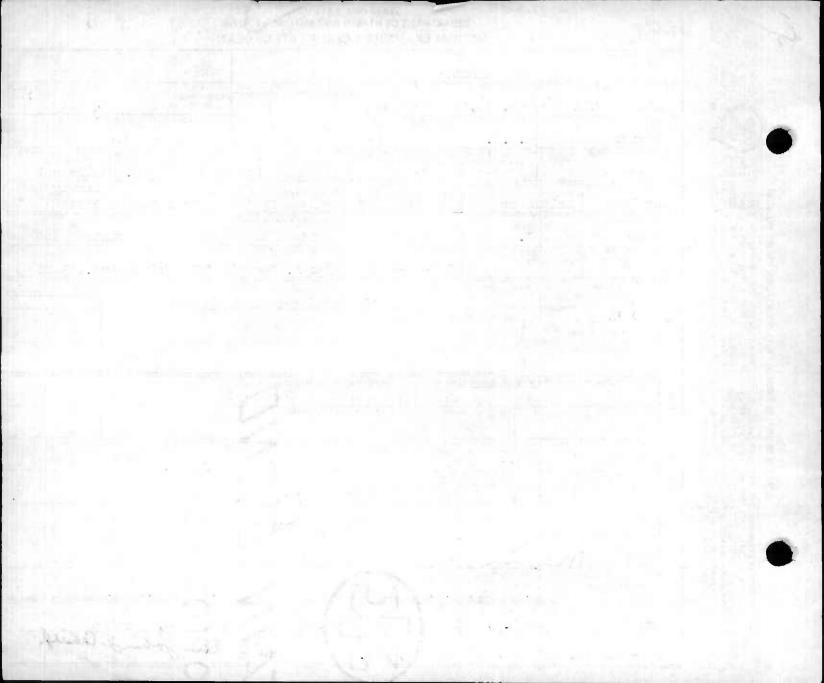
UNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO. MD 21215

AUG 2 5 1983 John S. Gan

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۵	THIS	N/S	VAR	AGE	LATE	2320
	ER:	ATE,	ORV	OR: F	HE S.	Q.
	Cal examiner: This certificate should be executed within 24 hours after death. If any delay is me	THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE" UNIT OF THE CONTINUE OF THE C	SHOUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 🛣 FORMAIN FILES	RAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES I (AND 2 SHOULD BEFILED). WITH IN IT HOUR	THI	RE, MARYLAND, 21201 PRIÓR TO BURIAL, CREMATION, OR REMOVAL.
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20M 4/82

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	7	I. DE	CEASED NAME	FIRST	*****	MIDDLE	WIIITER 3	LAST		DATE KNOWN	NO.	DAY YEAR	2b. HOUF
	ASE JRS ET,			JOHN		ster	GO	ODELL		OF ESTI- DEATH MATED		31 19 83	,
	PLEASE ECTOR. ? FILES. HOURS STREET,	3. SE)		RACE White	5. DATE OF BIRTH MONTH DAY Feb. 25,	YEAR LAST	(IN YEARS IF U	NDER TYR. IF UN		DATE RONOUNCED DEAD	MONTH	DAY YEAR 31 19 83	8:51
1	11/8	FO	RTHPLACE (STATE REIGN COUNTRY)	OR	76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED X NEVER M	ARRIED 7	Baltimore cit	TY OR COUNTY		
	PAGE PAGE		TY OR TOWN OF altimore	/	(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET ADI	HOME, OR OT	HER INSTITUTION	12a USUA	L OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK 1	NIND OF BUOK OR INDUST	RY
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	PW SI,	1	THER'S NAME PIRST ndrew		MIDDLE J.	Goode	11	15. MOTHER'S M		MIDDLE		LAST ster	
ALTIMO	S AFTER DE GIVE PAGE GIVE PAGE TITH FORM PAGES ION VISION OF	160. V	VAS DECEASED E ES, NO, OR UNKNOWN D	VER IN U.S. ARM ) (IF YES, GIVE V	AED FORCES? VAR OR DATES)	16b. SOCIAL SE		17 INFORMANT Edna M.	Goodell	ADDR 1819 Wa	RESS		22
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD	DE EXECUTED WITHIN 24 HOL ENDING" IN PENCIL IN ITEM 13 WEDIOAL EXAMINER ALONG AS A BURIAL - TRANST PERMI ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	7	Canditians, gave rise cause (a) sto	if any, which to immediate ating the under-	BY: E CAUSE (a)Ar  DUE TO, OF  (b)  DUE TO, OF	R AS A CONSEQUE	erotic ENCE OF	cardiovas		disease		BETWEEN ONSE	I AND DEATH
RECOR	HOULD BE EXE RRD "PENDING THIEF MEDICA U SED AS A BI OF HEALTH AI RRAL, CREMA	TION	19a, DATE OF OF					Oracic in					
VITALI	SHOUL CHIEF SE USED	CERTIFICATION	Total S									20 AUTOPSY	NO X
ION OF	CERTIFICATE SH SITING THE WOR SIDED TO THE CH E 3 SHOULD BE U E DEPARTMENT OF SI PRIOR TO BUR	MEDICAL CE	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH 11 94	1. MONTH DAY	1983 SL	ibject fe			M 18 PART 1 OR PART	2)	
	SE SE SE SE	MED	21d. INJURY OCC WHILE AT WORK A	OT WHILE IN	STREET EAC	OF INJURY (AT HO TORY, FARM, ETC.) house		STREET Walnu		CITY OR TOWN	COUN	TY	STATE Md.
)	TO MEDICAL EXAMINER: TO EXECUTE THE CATIFICATE, DAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2	9	22a. I certify to death resulted to ACTUAL SIGNATURE		af the remains de	Accident	Suicide	Dosy . Inspection	()	Inquiry , mined manner .	and in my apin , DATE SIGNED.	9-1-	83
	CECUTE AGE 4 PUNE FTER DE		EXAMINER'S NA (TYPE OR PRINT)	Ann_r	1. Dixon,			ADDRESS 111			o., Md.	21201	
	BP	Bi	JRIAL, CREMATIO PECIFY) J <b>ri</b> al	S		83 Oak I		metery	23d. LOC CITY OR Ba	ltimore,	Marvla	nd .	ATE
	DHMH - 17 (VR A15 ME (5))		INERAL DIRECTO NAME 1da-Ruck		. Home of	Dundalk	Inc.	25a. D/	SEP 6	1983 7	EGISTRAR'S OF	Course	



1	W
within 24 haurs after death. Page 4 may be	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
requires that the death certificate be executed	een signed by the attending physician and camp int. Then please remave carbonpapers. Pages 1 an iar to burial, cremation, ar remaval.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbonpapers with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

1	FOR STATE REGISTRAR	DEPARTM	CERTIF	EALTH AND MENTALLYG		0 9	19	
ŀ	1. DECEASED NAME	MIDDLE		AST	REG. N.	MONTH DAY	Y- YEAR	2b. HOUR
ı	ITYPE OR PRINTI			GOODMAN	W. DATE OF BEATT	8 6	83	7:30 Pm
1	3. SEX	A. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	, male	Black	MONTH	30 66	17	YRS.		HOURS MIN.
5	70. BIRTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED 🔀	9. BALTIMORE CITY O	e county o	FDEATH	fy MD
7		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME C		120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 132. COUNT May 4 000 801	TX 13c GITY OR JOWI		13d. INSIDE CITY LIMITS? YES NO []	130. STREET ADDRESS	14/500	ETA	1/8.
	14. FATHER'S NAME FIRST SEPA	IDANIE	ELS	15. MOTHER'S MAIDEN NAM	AE MIDDLE	6	ood v	nan
1	160 WAS DECEASED EVER IN U.S. ARA			17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN)   I IF YES, GIVE	ZLS-80 C	310	Shirley Goodn	nan 2822 Wa	Ibrook		
1	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and	ic.				SETWEEN C	MATE INTERVAL
1		CAUSE (0) SEPSIS					X/6	(83
	200	DUE TO, OR AS A CONSEQUE	NCE OF	malalla E:	1 - 01-0		11	180
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF	100000000000000000000000000000000000000	example.		1	00
		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	I IN PART 1co	
7	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES [	NG CAUSES	
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	V VEAS	21c HOW INJURY OCCURR		1		Waller The
		HOUR A.M. MONTH DA	Y YEAR					
	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d NJURY OCCURED  WHILE NOT WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this haspite	8/6 19	7/2	nd that in (my) (our) apinion d	, to Sleath occurred on the de	ote and hour a		that (1) (we) last
1	obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofter division	19	DEGREE			The DATE	AIGNED
	Chomas	e enfo		ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		8/	6/83
	22d PHYSICIAN'S NAME (TYPE O	E Teufe		220 ADDRESS	of Maryla	nd H	corta	
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	8/11/83 Ar	butus	Mem. Pk.	Balto.,	Md.		200
	24 FUNERAL DIRECTOR	ADDRESS		250. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE . A
1	IEROY O. DYETT 460	00 Liberty Hgts.	Ave.		406101983	joh	non	concelle

DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked on tem 18 shows any

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fund should be detached for use as the buriol-transit permit. Then please combon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical cremines must be reacted at any

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0 0

STATE OF MARYLAND

1-	STATE REGISTRAR			DEFARIA	CERTIF	CATE OF DEAT	IH THE	REG. N				
1. DE		FIRST	M	IDDLE	U	721			MONTH	DAY YEAR	2b. HOU	JR
(TYPE	OR PRINT)	M	SAN	DERS	GOO	חת כם		AI	JG.	1 1983	7	A M
1. SE			RACE	Diano	5. DATE O	F BIRTH,		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
	MALE		NEGRO		JAN	3. 1908	YEAR	ne	YRS.	MONTHS DAYS	HOURS	MIN,
7a. BI	RTHPLACE ISTATE OR FORE	ign 7b		WHAT COUNTRY?	8			9. BALTIMORE CITY O		Y OF DEATH		
N	ORTH CAROLI	NA	US	of A	WIDOWE	Y		BALTIN	MORE:	СТТҮ		MD
10 CI	TY OR TOWN OF DEATH	1 11			G HOME O	R OTHER INSTITUT		120 USUAL OCCUPATI	ION	12b. KIND O	F BUSIN	-
	BALTIMORE	1.4	(IF NOT IN SUCH	1 FACILITY, GIVE STREET A		TON STREE	gen .	(TYPE OF WORK FOR MOST O	F WORKING I		i interior	TD.
USU	AL RESIDENCE (IF NURSING			GIVE RESIDENCE BEFORE	ADMISSION)			RIDITTRIDIO			PFEL	18
11 2 2	and the second s	L COUNTY		13c. CITY OR TOW		13d. INSIDE CITY LI		13e. STREET ADDRESS	11170117	212		
-	ARYLAND ATHER'S NAME		-	BALTIMO	) rue	YES NO			HROR	TON STRE	NOW	
	FIRST	MID	DLE	LAST		FIRST		MIDDLE		LAS		
16. 14	SANDERS VAS DECEASED EVER IN	II C A DAAF	D EODCES2	GOODS		17 INFORMANT	uA.	ADDRE	SS	HENE		
100. V	YES, NO OR UNKNOWN) (1	IF YES, GIVE W	AR OR DATES)	THE SOCIAL SECO	KIII IVO.			00000 050			216	
	NO			243 07 8	3935A	MISS P	AULTN	E GOODS 252	29 EL		HOOL	
	18. CAUSE OF DEATH (			line for (a), (b), and	d (c)	1 0		1 1		BETWEEN	MATE INTE	DEATH
		MEDIATE		701670-	espir	apr1 4	1660-	4 - Couse	SUKA	and		
70	4019		DUE TO, OR	AS A CONSEQUE	NCE OF	1 -	)					
	Conditions, if any, w		(b)	High	121	nod T	162	3712				
	gove rise to immed couse (a), stating	diote the	DUE TO OF	AS A CONSEQUE	NCE OF							
-8	underlying couse	lost.	(c)									
	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN PART 1(	0)	
0 N	Drain	5	den	311	OKe	-12 1	-/1-	6881				
MEDICAL CERTIFICATION	19a DATE OF OPERATIO	N	196. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORME	D	20a AUTOPSY?		ES, WERE FINDIN		
TIF								YES NO		ES [	NO [	
GE	21a. ACCIDENT WAS UNDER		11b. TIME OF		AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INDU	RY IN ITEM 18.	PART I OR PART 2)		
AL	OR CONTRIBUTING CAL		7 P./	1 57 1	192	tatien	1 700	NO DOOD	11/5	25-01 14 4	1266	live.
EDIC	21d INJURY OCCURRED	D	21e. PLACE	OF INJURY		21f. LOCATION	-	CITY OR TO	401	COUNTY		STATE
2	WHILE NOT WHILE		(APHOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE		CITY OK TO		0001411	3	IAIC
	220.1 certify that (1) (th		) ottended the	e deceosed from_	دلم	14 15	234	to		, 19,	that (I) (	(we) lost
- 1	sow the deceased	olive-on	Mo-	1 19 5	72. on	d tho in (my) (our)	opinion d	eath occurred on the d	ote and ha	our and from the	couses st	toted
(de	obove, (I) (we) (did 22b. SIGNATURE	Maia not	view the blody	giter deoth.	(	DEGREE		0011000		22c DATE	SIGNED	,
-	(	21 1	H +=	-			IDING	MEDICAL STA		8.3	-2	3
	22d. PHYSICIAN'S NAM	E (TYPE OR PI	RINT)			22e ADDRESS	ICIAN _	DIRECTOR   PHISIC	IAIT	140		1
	8=00	< 40	+	Stos		Vonis	7 Pm	rolf Br	0. 2	250-	200	
23n F	BURIAL, CREMATION, RE	MOVAL	23b. DATE	1236	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	P. 0.	3 J. GI	ec n	2
(	SPECIFY)			AT	RBUTUS			CITY OR TOWN	OF (1	BALTO.)	2.00	TATE
24. FI	BURIAL UNERAL DIRECTOR		8/4/8	5 1	WO I OU	ATTENOUTH AT		REC'D. BY REGISTRAR			MD	3
	UNERAL DIRECTOR						1230. DAIL	R 2 1983	2.30. KEG 13	DIKAK SANIGBARI	UKE .	

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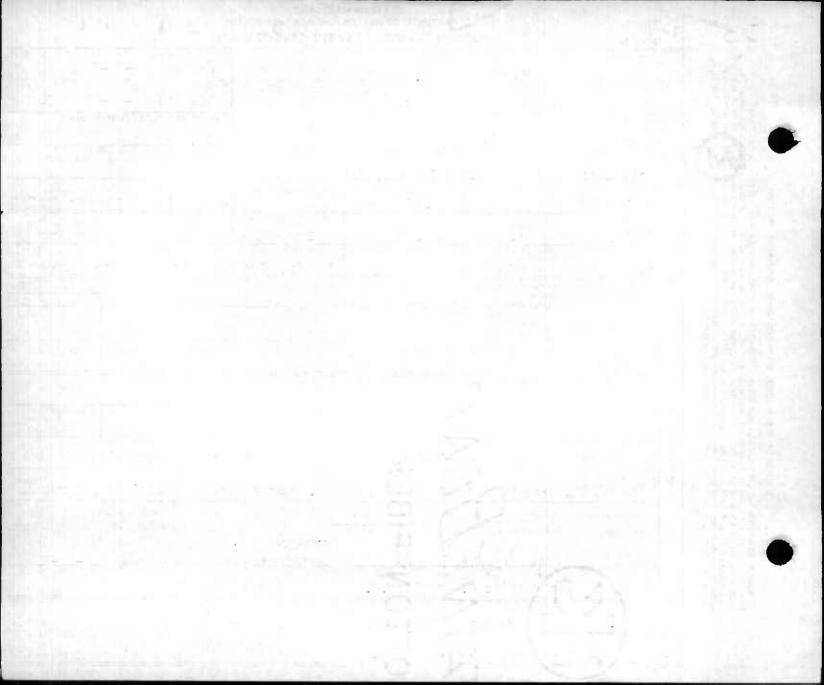
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8 T. P. O	CARLTROL			BALTIMORE
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3133			dhaki	anathlau
SEPE DOMASIA	2000 77 70		1345 07 8955.	0.1
100 miles				
	<b>X</b> .			

20M 4/82

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ca	U	7	Q	-
	REG. N	10.		

1-	FOR STATE					ERTIFICATE C		2 0	98		
	REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	IINER 3	LAST		REG. N		DAY YEAR	26. HOUR
	OR PRINT)						0	TE KNOWN	© 8-27-		ZB. HOUR
SEX	14		DATE OF BIRTH	6 AGE	GORI	OON Ider 1 yr. I if under		ATE	MONTH	DAY YEAR	2d. HOUR
			MONTH DAY	YEAR LAST BI	RTHDAY) MONT		MIN PRON	OUNCED EAD	8-27-		PM
	ale	Black	1 1 b. CITIZEN OF WHA		YRS.				OR COUNTY	17	M W
FO	REIGN COUNTRY)					ED NEVER MARR	IED 🔼		-		
	. Carol		U.S.		WIDOW		12ª USUAL OC	timore	CITY YPE OF WORK 12	L KIND OF BUS	SINESS
	D-14.			ILITY, GIVE STREET ADDR			FOR MOST OF	WORKING LIFE]		OR INDUSTR	ťΥ
		IN NURSING HOME OR C	THER INSTITUTION, GIVE		MISSION		1				
_	aryland	136 COUNTY		Baltin		YES X NO		E. Cha	se Str	reet 2	1202
	THER'S NAME FIRST	,	MIDDLE	LAST		15 MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	
	Willie		J.	Gordar		Iva		N.		Jenkin	S
16a. V	S, NO, OR UNKNOWN	VER IN U.S. ARME		166. SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRE:			
	No			N/A		Iva N. (	Gordon	414 E	.Chase		
		H WAS CAUSED B	ane cause per line f							APPROXIMATE BETWEEN ONSET	AND DEATH
	011	IMMEDIATE	CAUSE (a) St			st					
	Conditions	if any, which	DUE TO, OR A	AS A CONSEQUEN	ICE OF						
	gave rise	ta immediate	(b)								
	cause (a) st lying cause	ating the under- last.	DUE TO, OR A	S A CONSEQUEN	CE OF						
			( (c)								
N	PART 2 OTHER SIGN	FICANT CONDITIONS CON	HTRIBUTING TO OFATH BE	UT HOT RELATED TO THE	TERMINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1-10				
ATIC	190. DATE OF O	PERATION	196. CONDITI	ON FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPSY?	
LIFIC			100							YES,	NO 🗌
CER	21a EXTERNAL		21b. TIME OF		FAR 21c H	OW INJURY OCCURRE					
CAL	UNDERLYING CONTRIBUTING	CAUSE OF DE	ATH P.M.	8-27-83		oject stabb	oed duri	ng alte	ercatio	n	
MEDICAL CERTIFICATION	21d INJURY OC		21e PLACE O STREET, FACTO	F INJURY (AT HOM DRY, FARM, ETC.)		CATION	C. CITY C	R.TOWN	COUNT	TY .	STAJE
~		NOT WHILE XX	stre	et	16	03 W. Moshe	er Stree	т Ва	ltimore	Maryl	.and
	22a. I certify	that I taak charge (	af the remains desc	ribed above, held	on Autop	sy . Inspectio	n , Inqu	uiry .	and in my apini	ion	
	death resulted	fram: Natural	couses ,	Accident .	Suicide	. Hamicide X	Undetermine	d manner	],		
		(1)		11/ 1		TITLE (SPECIFY)					
6	ACTUAL SIGNATURE	Mouse	weight	Mall	J N	.D. Assistan	MEDICAL E	XAMINER	DATE SIGNED.	8-28-8	33
	EY AMINEP'S N.	AME MA	:h- ^	Van-11	M D	111 [	D C+-				
	EXAMINER'S NA (TYPE OR PRINT		garita A.			ADDRESS	Penn Str				
(1	PECIFY)	ON, REMOVAL 236.		23c. NAME OF	CEMETERY C	R CREMATORY	23d. LOCATIO	70	COUNTY		ATE
	BURIAL	3B	9/3/83	East	riew M	lem. Pk.	Balt:	imore	CASTRADIO	07 0	Md.
24 F	NERAL DIRECTO		ADDRESS			DO. DATE	630 98	33 / TE	GASTRAR STATE	IN THE SHEET	-
Wr	C. Ma	rch F/H	Inc. 1	101 E N	orth I	Ave.	0 - 0	1/			



deoth. Poge 4 moy b executed within 24 hours ofter TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled should be detoched for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the exection

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

ı	REGISTRAR		CENTIL	ICAIL OF PLATE	REG. N	O.			
	1. DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
	GORDON	FREDERICK	GOSI	INE		8 3	83	6:30	a <sub>M</sub>
I	3. SEX Male	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR		MR5
	2	White	Apr	12 1022	- 61-	YRS.			200
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y?   B	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
4	Pennsylvania	U.S.A.	WIDOWE	DIVORCED	BALTIMORE				MD.
		11. NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STRI	EET ADDRESS)		12a. USUAL OCCUPAT			OF BUSINESS	5 OR
4	BALTIMORE ,	VAMC BALTIMO		RYLAND 21218	Electricia	an	Airc	raft	
1	USUAL RESIDENCE (IF NURSING HOME OR O			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		-	10	6.0
4		timore Middle	River	YES NO X	Middle Riv	ver In	in 🧀	1 0	10
H		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LA	.ST	
	Andrew	Gosl		Helen			Schne		
	160. WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)		17 INFORMANT			1. 3rd		
	Yes W	W II   181	18 09	8 Leavy-Valig	orsky Fune	ral Ho		learfi	
ı	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b),	and (c).)	0 -	n '	10-	BETWEEN	XIMATE INTERVAL ONSET AND DE	ATH
ı		E CAUSE (o) ROSDIT	Mode	filure Z	SEDSIS	5/1	= .		
ı	13/1	DUE TO, OR AS A CONSEC	DUENCE OF						
ı	Conditions, if ony, which	( 1b) Paracr	C3h	CA					
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEG	HENCE OF						
	underlying couse lost.	(c)	TOETTEE OF						
ı	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	10.	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
)	NO DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDS		
					YES NO		S [	NO [	
1	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCURR	ED (ENTEP NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEAT	III.	19						
1	OR CONTRIBUTING CAUSE OF BEAT	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STAT	76
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	SIREET	CIII ON TO	*****		JIAI	
ı	220.1 certify that (this haspit	al) attended the deceased from	- AUGUS	ST 1 19 83	to_AUGUST_	3	19 83	that (X (we)	) lost
1	sow the deceased alive on above x1) (we) (did) (dyxxx	Alighet 3 19	_83_, 01	nd that in 🂢 (our) opinion d	leath accurred on the de	ate and hou	r and from the	couses state	d
1	FIE YOUATURE	The wine dody drief dedili.		DEGREE			22L DAJE	SIGNED	
1	a. Janmonn	in MD		ATTENDING PHYSICIAN	MEDICAL STAI	IAN	8/3	3183	5
1	22d. PHESE AN'S NAME (TYPE OR	( PRINT)	1/21	22e. ADDRESS			1110	1010	
1	Deborah	Zimmerm	220	3900 Loch R	aven Blud.	Balto	. Md 21	1218	
1	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION				_
	(SPECIFY) Burial				CITY OR TOWN		COUNTY	STAT	-
1	24. FUNERAL DIRECTOR			11 Cemetery	Curwens				_
-1		$10.5\Omega_{ m s}$	York R	oad Al	168 1983	Joan	- de		

Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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OR/ATTENDING

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		E 3 2	0 9	8 3	3
	ECEASED NAME FIRST PE OR PRINT) FREDER	RICK CASPAR	GOSSMAN	29.		AUGUST		3:45P M
3. S	M	4 RACE	5. DATE OF BIRTH	1911	AGE (IN YEARS LAST BIRT	YRS.	HS DAYS F	FUNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND  CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	R MARRIED U	BALTIMORE CITY OF	СІТУ		MD.
	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CENT	TER BALTIMO		LUSUAL OCCUPATION OF WORK FOR MOST OF		CEM	EUT.
130.	STATE 13b. COUR		TO . YES YES	NO 🗌	STREET ADDRESS	POR	757	24
14, F	CASPI	AR GOSSMA		R'S MAIDEN NAME	MIDDLE -		LAST	
160.	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SECULAR OR DATES) 213 09 28	B70 WINFORM	swen S.	. Houman	800 K	Per	utone P
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	ENCE OF	L Blace	lder		BETWEEN ON!	SET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT (		UTING TO DEATH BUT NOT RELATED TO THE TER		20a AUTOPSY? 20b. IF Y		FIVEN IN PART 110  (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO NO	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH D	AY YEAR	INJURY OCCURRED			-	NO []
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCA STR		CITY OR TOW	M	COUNTY	STATE
	sow the deceased alive an abave, (Kwe) (did) (dXXx	ital) attended the deceased from		, 19 <u>83</u> (our) opinian deat	to August the do	te and hour on	d from the co	
-	226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE C	2 tallose	DEGREE  M  220 ADDR	PHYSICIAN D	MEDICAL STAF	AN	8-5-	-83
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY O	CREMATORY	ven Blud.	Balto.	Md 212	218
24	WERAL DIRECTOR WITCH	8-6-83 6 b-2334 Jel	free for		C'D. BY REGISTRAR	REGISTRAR	SSIGNATUR	

DHMH - 16 50M 4/82 (VRA 15, 4)

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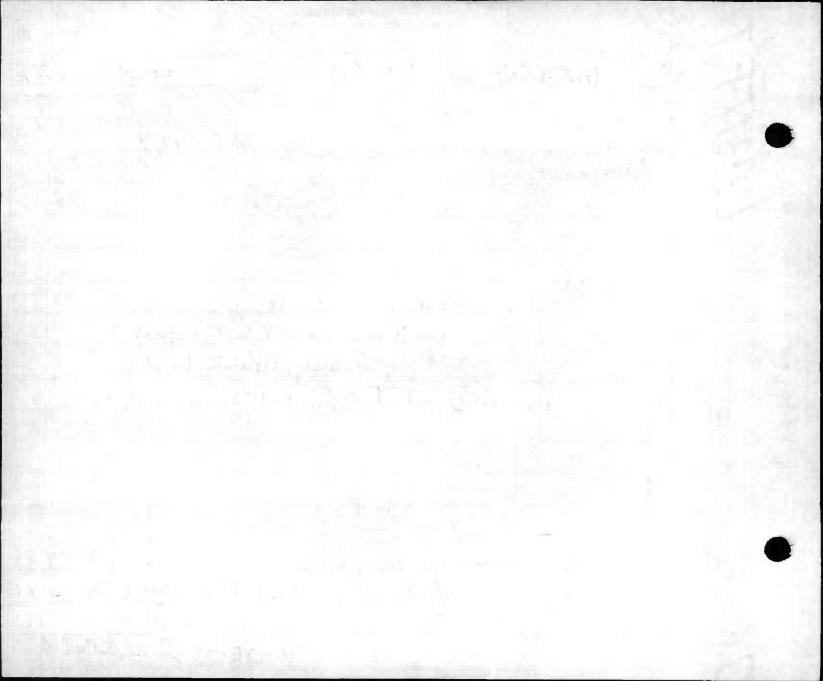
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

MAPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

×3/93 77 19-19-19 VV X TWO IS AN INCIDENT OF THE PARTY OF THE PAR MAIS CAUS C. S. A. ETECHE TO SERVICE OF THE SERVICE MASON COMENT MD - BALTO. X I LOON, PORT ST. CASPAR GUSSMAN JULIA -HES WIND TE Special S. Marmon S. Mar -all 07:14 th CREMATION 8-6 35 GREENAGER If waged yell will all the

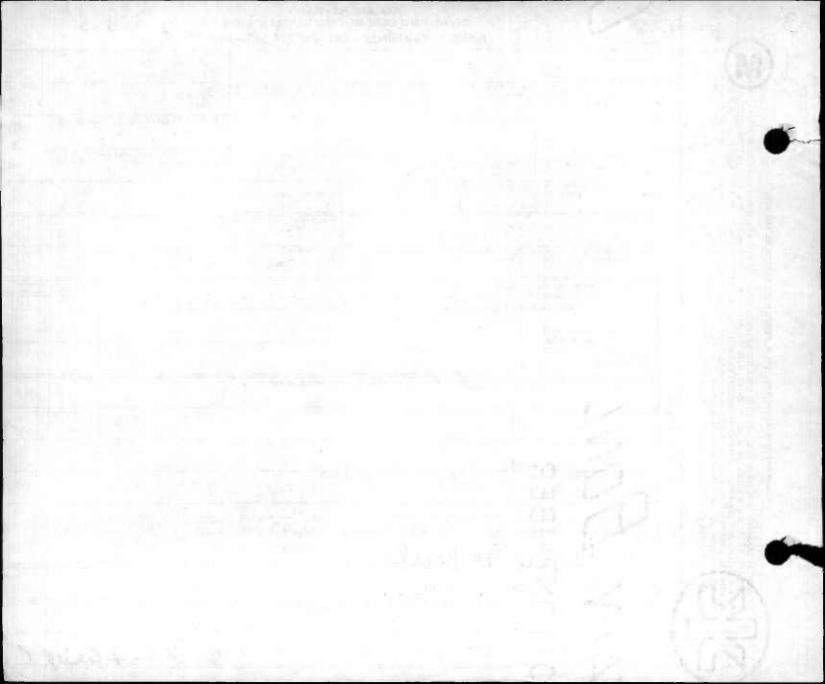
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Fretoined by the hospital or attending physician.	

3	1/	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL BYG ICATE OF DEATH	FIENE 2 0	984
moy, be poge 3	VIYPE	OR PRINT) (ARDE	RDEAN	T.	OU	Gelt	DATE OF DEATH MONTH	24 83 220 AM
ge 4 mo	3 SE	Female	4 RACE	Black	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Po	C	RIAPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE		PALT CITY OR COU	UNITY OF DEATH
by the fe	1	BALTIM ORE	PRO	VIDENT H	OSPI	TAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	IZE KIND OF BUSINESS OR INDUSTRY
in 24 hours by filled in should be in	Ma	AL RESIDENCE (IF NURSING HOME O STATE Aryland STHER'S NAME	R OTHER INSTITUTION	13c. CITY OR TOW Baltim		13d INSIDE CITY LIMITS? YES X NO   15 MOTHER'S MAIDEN NA	130 STREET ADDRESS	s St. 21217
completel		VAS DECEASED EVER IN U.S. AI	WIDDLE	LAST	DITYALO	Clarice	MIDDLE	Britian
be executor and c	()	NKNOWN) (IF YES, GIV	É WAR OR DATES)	217-22-	1847		ugh 1910 Ett	
s that the deoth certificated by the attending physical canove carbon poperial, cremation, at remove or other traumatic event,		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	ED BY: TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C	OR AS A CONSEQUE	NCE OF	youdul h ailue, M	fact, Respira	10 21
ne low require on. has been sign permit Then ene prior to bu	CERTIFICATION	PART 2. OTHER SIGNIFICANT	orly D	referent	ule	Large Coll	Carcinorio	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: riding physics certification buriol-fro Mental Hy or Item 18	MEDICAL CEI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE	OF INJURY	19	21f. HOW INJURY OCCURI 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEA	M 1B, PART 1 OR PART 2)  COUNTY STATE
pital or a TTENDING TOR: Afte for use as af Health 21 is mort		220.1 certify that this hosp saw the decase alive or above, (1) (we) (dig) (shed-	( )	be deceased from	85, on	d that in (my) (our) opinion	to any 21 death accurred on the date and	hour and from the couses stated
HOSPITAL OR A inned by the hos FUNERAL DIRECTAL DIRECTAL DIRECTAL BY THE STORE DEPT.		276. SIGNATURE	OR PRINT)	-		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retoined by 1 TO FUNERAL should be delightly with the Stote IMPORTANT:	230 B	VIK	A S	SAIN	( NAME OF C	£524	23d. LOCATION	WE, BALTIMORE
BP DHMH - 16 60M 1/75		NERAL DIRECTOR	8/30	/83 Ga	rden	of Eternal		nore Co, Md.
(VR A 15 (4))	Wm	C March F/H	Inc.	1101 E N	orth	Avenue AUG	261983	und lanely



20M 4/82

	FOR STATE REGIS	TRAR			DEPARTMENT	OF HEALT	MARYLAND H AND MENTAL CERTIFICATE	DEDEATH	2 0 %	8 5	5	
-{TY	YPE OR PR		MARY	М		UGH	LAST	20. DA' OI DEA	TE KNOWN TE ESTI XX		-17	26 HOUR
3 SE			lack	5. DATE OF BIRTH	02 81	(IN YEARS IF U BIRTHDAY) MON YR5.		MIN. PRONC	ATE DUNCED AD	8-11-8	33,	2d HOUR 3:55F
F		OMMO		76 CITIZEN OF WH	SA		RIED NEVER MARI	RIED X	imorecity of altimore	_	DEATH	MD
Baltimore				202 Si	202 Silver Ct.						IND OF BU OR INDUSTR	
USU 13a.	SMB	IDENCE (IF IN	13b. COUNT	R OTHER INSTITUTION, GIV Y	130. BY PUE		13d. INSIDE CITY LIMITS?	13e 202 AQ	Silver	Ct. 2	21231	
14. F	FI	S NAME RST Duis		WIDDLE	Gough		Eliza	DEN NAME	WIDDIE	Chase	e LAST	
		ECEASED EV OR UNKNOWN)	ER IN U.S. ARM (IF YES, GIVE V		213-14		Ruby Pat	terson	1212 E	lmleaf	Ct.	
N	PART	gave rise t cause (a) stat lying cause lo		DUE TO, OR	AS A CONSEQUE	NCE OF	SE OR CONDITION GIVEN IN P	'ART 1 (a).				
MEDICAL CERTIFICATION	19a. I	OATE OF OPE	RATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED?				AUTOPSY?	ККОИ
CAL CER	UND CON	ERLYING [	_		MONTH DAY	YEAR 21c. H	HOW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18 PA	(RT 1 OR PART 2)		
MEDI	2 ld. l WHI AT V	NJURY OCCI LE NORK AT	URRED OT WHILE C WORK	21e PLACE C STREET, FACTO	OF INJURY (AT HO ORY, FARM, ETC.)	ME. 2Tf. LO	OCATION STREET	CITY OF	TOWN	COUNTY		STATE
2	22a   Certify that I taak charge of the remains described above, held an Autapsy   , Inspection   , Inquiry XX, and in my apinion death resulted fram: Natural causes XX, Accident   , Suicide   , Hamicide   , Undetermined manner   , TITLE (SPECIFY)  M.D. Assistant MEDICAL EXAMINER SIGNED 12-83  EXAMINER'S NAME Margarita A. Korell, M.D.  ADDRESS 111 Penn Street											
	Bu	rial		B/16/83			or Crematory	23d LOCATIO CITY OR TOWN Baltin	nore	COUNTY	st/ MI	
	M . NAME	C. Ma	rch F/	/H 1101	E. Nor	th Av		REC'D. BY REGIS	RAR 256 REGIS	TRAR'S SIGNA	TURE	



within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH

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81-149	-			-

The BIRTHPLACE TRANSPORT OF COUNTY OF DEATH  TO CITY OR TOWN OF DEATH  THE CITY OR TOWN THE DEATH OF DEATH  THE CITY OR TOWN THE COUNTY OF DEATH  THE CITY OR TOWN THE CITY OR COUNTY OF DEATH  THE CITY OR TOWN THE COUNTY OF DEATH  THE CITY OR TOWN THE CITY OR COUNTY OF DEATH OF DEATH OF THE TITY OR TOWN THE MILE OF PART 1 OR PA	MD.
SER   4 RACE   S. DATE OF BIRTH   MARCIE   MOORED   MOO	MD. ESS OR
15. EIRTHPIACE TAKE OF DRITH  OT 19  16. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IN NOT IN SUCH PACIFIC ALONES)  (IN NOT IN NOT IN SUCH PACIFIC ALONES)  (IN	MD. ESS OR
The state of death   The city of town of death   The cit	ESS OR
NARRIED   NEVER MARRIED   NEVER MARRIED   NO CITY   NO	ESS OR
U.S.A.   TO   TO   TO   TO   TO   TO   TO   T	ESS OR
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FROT WAS FORMASTED IN 128 LIBUSUAL OCCUPATION (TYPE OF WASK FOR MAST OF WORKING LIPE) (FROT WASK FORMAST OR WASK FORMAST OR PART 1) OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2)    10	ESS OR
USUAL RESIDENCE III NURSINCH GIVE OR OTHER INSTITUTION. CIVE RESIDENCE BEFORE ADMISSION I IS STATE IN THE STA	52
BALTO FT. HOWARD 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 9407 N. Pt. RD. 210  MEET'S NAME  MIDDLE  LAST  FR. HOWARD FT. HOWARD 15. MOTHER'S MAIDEN NAME PRIST  MIDDLE  LAST  FR. HOWARD FORCES? (165. MO OR UNKNOWN)  (17 185. GIVE WAR OR DATES)  WAS DECEASED EVER IN U.S. ARMED FORCES? (165. MO OR UNKNOWN)  (17 185. GIVE WAR OR DATES)  WAS DECEASED EVER IN U.S. ARMED FORCES? (165. MO OR UNKNOWN)  (17 185. GIVE WAR OR DATES)  WAS DECEASED EVER IN U.S. ARMED FORCES? (165. MO OR UNKNOWN)  (17 185. GIVE WAR OR DATES)  WAS DECEASED EVER IN U.S. ARMED FORCES? (165. MO OR UNKNOWN)  (18 CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21d. ACCIDENT WAS UNDERLYING  21d. ACCIDENT WAS UNDERLYING 10 PART 12)	52
IN WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  (IF YES, WAR	12
MIDDLE  GRAMMER  ALICE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROXIMATE RIN  BETWEEN ONSE IN  BETWEEN ON	
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(VES. NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  WW II  219-01-5810 Von Grammer 9407 N. P4 PD. 210  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Adeno Carcinoma Metostatic & Brain  DUE TO, OR AS A CONSEQUENCE OF  OUDE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  HOUR AM MONTH DAY YEAD  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY) IN ITEM 18 PART 1 OR PART 2)	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Adeno (arcinome)   Metwern Onset Archive for Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a). Stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY HOUR AM MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) IN ITEM 18 PART 1 OR PART 2)	
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190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEVYES NO YES NO YES NO YES NO YES NO NO YES NO YES NO YES NO NO YES NO	
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	0
	TH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN  COUNTY	
	TATE
22a.1 certify that (1) this haspitol) attended the deceased from	TATE
nbown (Title) (did not) view the body ofter death	we) last
226. SIGNATURE 220. DATE SIGNED	we) last
Wayne J. 2my My MI) ATTENDING MEDICAL STAFF 8-13-1	we) last
27d PHYSICIAN'S NAME (TYPE OR PRINT)	we) last
(Wayne S. Durry M) Belt more City Hospitals	we) last
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	we) last
BURIAL 8/16/83 HOLLY HILL CHYORTOWN BALTO	we) last ofted
/C/(E/C	we) last
24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	we) last ofted

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then plicate term with the State Dept. of Health and Mental Hygiene prior to tuning center.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other

The state of the s Mayor to the second of the sec LATIN STERLY LABOR SHATE TO STATE OF THE SHAPE STATES OF THE SHAPE THE TO SET TO SEE MOUDES TO SEE A SERVICE OF THE SECOND SE The Manual State of the Ma STEELS OF SOLID TO STEEL SENTENCES WAS IN NOT THE TO STEEL SOLD TO STEEL STEELS There are made to be the same of the same The state of the s The same of the contract of th way to a sure of sure of the property The same of the sa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

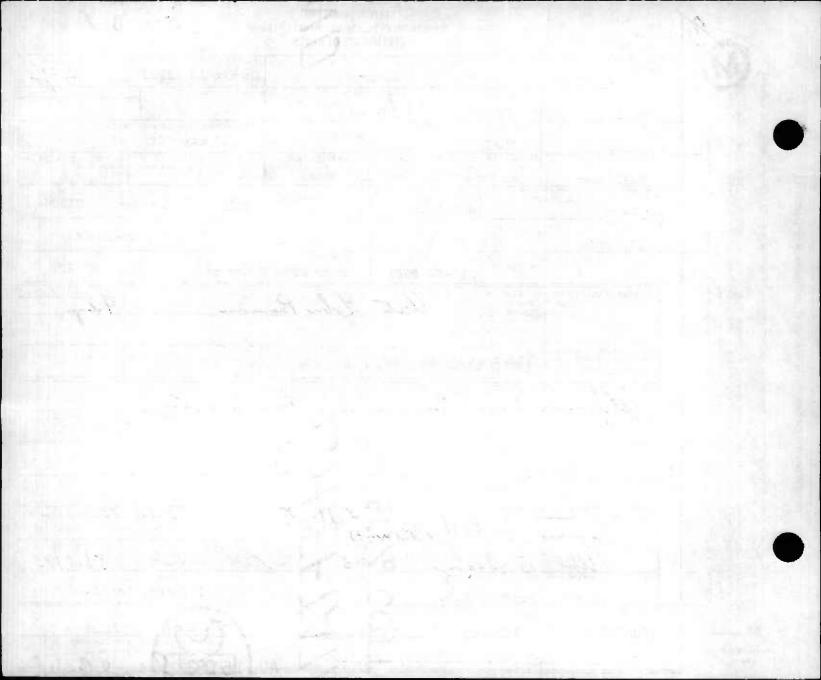
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

20987

REGISTRAR  I. DECEASED NAME FIRST			REG. NO.							
1. DECEASED NAME FIRST			WIDDLE			AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE	E ON PRINT)	Elena		A	Gra	anchi	August 13,	1983		420
3. SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Italy  10. CITY OR TOWN OF DEATH  11. NAME (IF NOT IN)			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 2
			White		Nov	15, 1900 YEAR	82	YRS.	DAYS DAYS	HOURS
			76. CITIZEN OF	WHAT COUNTRY?	8.	П	9. BALTIMORE CITY OR COUNTY OF DEATH			
			Italu	aly   MARRIED   NEVER MARRIED			Baltimore City  126. USUAL OCCUPATION 126. KIND OF BUSINESS			
										OF BUSINES
			Garden	n Village	Nurs	ing Home	Housewife	2	II TOOSTKI	
			DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM JNTY 13c. CITY OR TOWN Baltimore		N	138. INSIDE CITY LIMITS?	13. STREET ADDRESS: 1ton Ave 2120			21206
			DD15	LAST		15. MOTHER'S MAIDEN NA				
1	Vittor	io	middle	Sieni		Giustina	WIDDLE	(	Caciotti	
	WAS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR			
(	NO NO OR UNKNOW	(IF TES, GI	WAR OR DATES	218-54-3	681	Mr Roberto	G Granchi	Sai	me As	: 13e
	Conditions, if gave rise to couse (a), underlying	immediate toting the	DUE TO, OI	R AS A CONSEQUE						
CATION	gave rise to cause (a), underlying c	immediate stating the ause last.	DUE TO, OI	RAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	20b. IF YES, V	WERE FINDI	NGS USED
TIFICATION	gave rise to couse (a), underlying a	immediate stating the ause last.	DUE TO, OI	RAS A CONSEQUE	NCE OF	- Ulmien Trace	T Infect	in	WERE FINDI	NGS USED
CAL CERTIFICATION	gave rise to couse (a), underlying of PART 2. DTHER 19a. DATE OF DE 21a. ACCIDENT W. OR CONTRIBUTING	immediate stating the ause last.  SIGNIFICANT ERATION  SUNDERLYING	DUE TO, OI  CONDITIONS CO  196. CONDI  196. CONDI  ATH HOUR A.	ONTRIBUTING TO DESCRIPTION FOR WHICH	NCE OF DEATH BUT OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYII	WERE FINDI	NGS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to couse (a), underlying of part 2. OTHER 198. DATE OF DE 198. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 21d. INJURY OC WHILE N	immediate stating the ause last.  SIGNIFICANT INTERNATION  SUNDERLYING CAUSE OF DE MEDICAL EXAMINE	DUE TO, OI  CONDITIONS CO  19b. CONDI  21b. TIME O  HOUR A.  P.  21e. PLACE	TAS A CONSEQUE	DEATH BUT OPERATIO  AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V. IN CERTIFY II YES	WERE FINDI	NGS USED OF DEATH
	gave rise to couse (a) underlying of part 2.0 THER 190. DATE OF DE 190. ACCIDENT W. OR CONTRIBUTING (IF ETHER, NOTIF) 21d. INJURY OC WHILE AT WORK NOTIF) 220.1 certify the	immediate stating the ause last.  SIGNIFICANT  SUNDERLYING CAUSE OF DE MEDICAL EXAMINE  CURRED  OT WHILE CURRED  of (I) (thir bara	DUE TO, OI  CONDITIONS CC  19b. CONDITIONS  ATH HOUR A.  21b. PLACE (AT HOME. STR	THE PROPERTY OF THE PROPERTY O	NCE OF DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)	N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET	200 AUT PRSY?  YES NO RED (ENTER NATURE OF INJURED)  CITY OR TO	20b. IF YES, VIN CERTIFYII YES	WERE FINDING CAUSES  1 1 OR PART 2)  COUNTY	NGS USED 6 OF DEATH NO
	gave rise to couse (a), underlying (a), underlying (b).  PART 2. OTHER  19a. DATE OF DE  21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. INJURY OC  WHILE AT WORK   N.  22a.1 certify the saw the de	immediate stating the ause lost.  SIGNIFICANT  SUNDERLYING  CAUSE OF DE MEDICAL EXAMINE CURRED  OUR WHILE  IT WORK   It (I) (I this base cooked alive on any of this	DUE TO, OI  CONDITIONS CC  19b. CONDITIONS  ATH HOUR A.  21b. PLACE (AT HOME. STR	TION FOR WHICH	NCE OF DEATH BUT OPERATIO  AY YEAR 19 ARM.ETC)	N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  And that in (my) (owe) opinion DEGREE  ATTENDING	200 AUT PRSY?  YES NO RED (ENTER NATURE OF INJURED)  CITY OR TO	20b. IF YES, VIN CERTIFYII YES URY IN ITEM 18 PARI	WERE FINDING CAUSES  1 1 OR PART 2)  COUNTY	NGS USED OF DEATH NO STA
	gave rise to couse (a) underlying of part 2. OTHER 190. DATE OF DE 190. DATE OF DATE O	SUNDERLYING CAUSE OF DE MEDICAL EXAMINE COURRED OF WHITE TO THE COURSE OF DE MEDICAL EXAMINE COURSE OF DE MEDICAL EXAMINE OF (I) (this born coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive or men) (and this does not be coosed alive o	DUE TO, OI  CONDITIONS CC  19b. CONDITIONS CC  19b. CONDITIONS CC  19b. CONDITIONS CC  ATH HOUR A.  21b. TIME O HOUR A.  21b. PLACE (AT HOME. STR	THE PACTORY, OFFICE, FACTORY, OFFICE, FA	NCE OF DEATH BUT OPERATIO  AY YEAR 19 ARM.ETC)	N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  And that in (my) (owe) opinion DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUT PRSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the or	20b. IF YES, V. IN CERTIFYII YES  URY IN ITEM 18 PARI  OWN  date and haur of	COUNTY  COUNTY  COUNTY  COUNTY	STA  that (I) (we causes state SIGNED
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DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital ar attending physician.



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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

2	0	1	8	9

ONTH DAY YEAR 26. HOUR
11983 11:59B
DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
YRS.
COUNTY OF DEATH
E CITY MD.
N - 126. KIND OF BUSINESS OR
Biddle St. 21213
LAST
S
Biddle Street
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(IC)
1407
TION GIVEN IN PART 110
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO M
IN ITEM IB PART I OR PART 2}
N COUNTY STATE
N COUNTY STATE
n county state
03
, 19 <u>83</u> , that (I) (we) last
e and hour and from the causes stated  22c. DATE SIGNED
19 83, that (h (we) lost e and hour and from the causes stated
e and hour and from the causes stated  22c. DATE SIGNED
19 83, that (h (we) last e and hour and from the causes stated  22c. DATE SIGNED  O., MD. 21205
19_83, that (h (we) last e and hour and from the causes stated  22c. DATE SIGNED  O., MD. 21205
19 83, that (It (we) lost e and hour and from the causes stated  22c. DATE SIGNED  O., MD. 21205

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical be detoched for use on the buriol-tronsit permit. Then please remove contemporal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT. If them 21 is marked or them 18 shows only injury, or other traumotic event.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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STATE OF MARYLAND REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

	CEASED NAME FIRST FOR PRINT)	MIDDLE	GRAV	E C			MONTH	DAY YEAR	2b. HOU	15P
3. SE		4. RACE		DK.						M
3. SE			S. DATE C	DAY	YEAR	6. AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS	MIN.
1. 0	Male	Black	1(		16	66	YRS.			
	IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIE	NEVER MAR	RIED 🗆	9. BALTIMORE CITY O	COUNT	Y OF DEATH		
	G. Carolina	U.S.A.	WIDOWE			BALTIMOR		ITY		MD.
	LTIMORE	JOHNS HOPKI	NS PORHOS	PITAL	TION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IFE) 12b. KIND C	F BUSINE	ESS OR
130.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU Sarylan d	NTY 13c. CITY OR T		13d, INSIDE CITY I	LIMITS?	130. STREET ADDRESS 2621 E.	Chas	se Stre	et	2121
14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MA			-	LAS		2121
	WAS DECEASED EVER IN U.S. AI		ECURITY NO.	17. INFORMANT		ADDRE	SS			
(	YES. NO OR UNKNOWN) (IF YES. GI	213-0	7-6797	Ella E	.Gra	ves 2621	E. C	hase S	tre	et
		nly one couse per line for (o), (b), ED BY: TE CAUSE (o) FULL C	ARDIOP	ULMONAR	Y AR	REST			MATE INTER	
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEI	OUENCE OF	CARDIAL	INF	HRCTION		751	MIN	5
	couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSE	SCLE RO	TIC CAR	DIOVAS	XULAR DISE	4SE	3 4	EAK	S
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT			NAL DISEASE OR COND			)	
TIOI	HIO INTERIOR MY	DUTKUML INFARCTI				EBROVASCULAR				TENSIC
CERTIFICATION	NOT APPLICABLE	NOT	APPLIC	ASLE	D	200 AUTOPSY? YES NO	20b. IF YE IN CERTII YE	S, WERE FINDIN FYING CAUSES ES ( ) ( )	OF DEAT	H?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJUR	YOCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 1B	PART 1 OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION  STREET  CITY OR TOWN							COUNTY	5	TATE
	sow the deceased alive or	ital) attended the deceased fro			9 68 ) opinion de	, to eoth occurred on the do	e ond hou	19_\$3	that (1) (C	elost oted
	22b. SIGNATURE  Homas A	dams Cersen		DEGREE	NDING SICIAN [	MEDICAL STAF	SE	220. DATE		1983
	THOMAS AD	AMS CORSON	, M.D.	JOHNS	HOPK	INS HOSP, B	ALTI	MORE, M	0.21	205
	BURIAL, CREMATION, REMOVAL BURIAL	23h. DATE 8/25/83	Baltim	ore Cem	eter:	y Baltim	ore	COUNTY	M c	date
24 FU	m C March F/	H Inc. 1101	È Nort	h Avenu	250 DATE	REC'D. BY REGISTRAR 2	Sh. REGIST	RAR'S SIGNAT	thick	4

DHMH - 16 50M 4/82 (VRA 15, 4)

RELEASED AS

The committee of the section of the

executed within 24 hours after death. Page 4 may be

must be notified at one

medical examine

# STATE OF MARYLAND

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l	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AS CERTIFICATE O		ENES 2	0 9 9	0
İ	(TYPE	CEASED NAME FIRST OR PRINTS T	WIDDLE	GRA.	Y	20. DATE OF DEATH MO	S 25 83	3 1050 P
l	3. SEX	Mala X	CITIZEN OF WHAT COUNTRY?	3. DATE OF BIRTH	1891	6. AGE (IN YEARS LAST BIRTHD  9. BALTIMORE CITY OR (	YRS.	YS HOURS MIN.
1	V.	CARolipe	NAME OF HOSPITAL, NURSIN	MARRIED NEV WIDOWED S	DIVORCED	BAL  120 USUAL OCCUPATION	TIMOR 126. KINI	DOF BUSINESS OR
	USUA	ALTIMORE  AL RESIDENCE (IF NURSING HOME OR OTH  13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE	ENT /	HOUD DE CITY LIMITS?	139 STREET ADDRESS	D RI	SAPO .
	IA FA	THER'S NAME FIRST MIDE	my	C. YES Z	HER'S MAIDEN NAM	A J J J	Serr	LAST
t	(1	(AS DECEASED EVER IN U.S. ARMEI		-8790 -	RMANT S BU	elle Squi	Vivsno	a Ha
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO.)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF HE	nile I		Cerebro V	
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO I			20a AUTOPSY? 2	TION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUS  YES	IDINGS USED
	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE ON WHILE AL WORK	216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211. LOC		ED (ENTER NATURE OF INJURY III  CITY OR TOWN		STATE
1000000		22a.1 certify that (I) (this hospital) sow the deceased alive an obave, (I) (we) (did) (did not) vi 22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE OR PR	ew the body ofter death. 19_	DEGREE M DEGREE 22e ADD	ATTENDING PHYSICIAN	medical STAFF	e and hour and from the and th	the couses stoted  ATE SIGNED
	3	Socol		NAME OF CEMETERY	1 (Bres	23d. LOCATION C	De COUNTY	Astra.
	14.80	INERAL DIRECTOR	1712 AD REAS	Work	1250. DATE AUC	G 3 0 1983	PREGISTRAR'S SIGN	shulf.

DHMH - 16 50M 4/82 (VRA 15, 4)

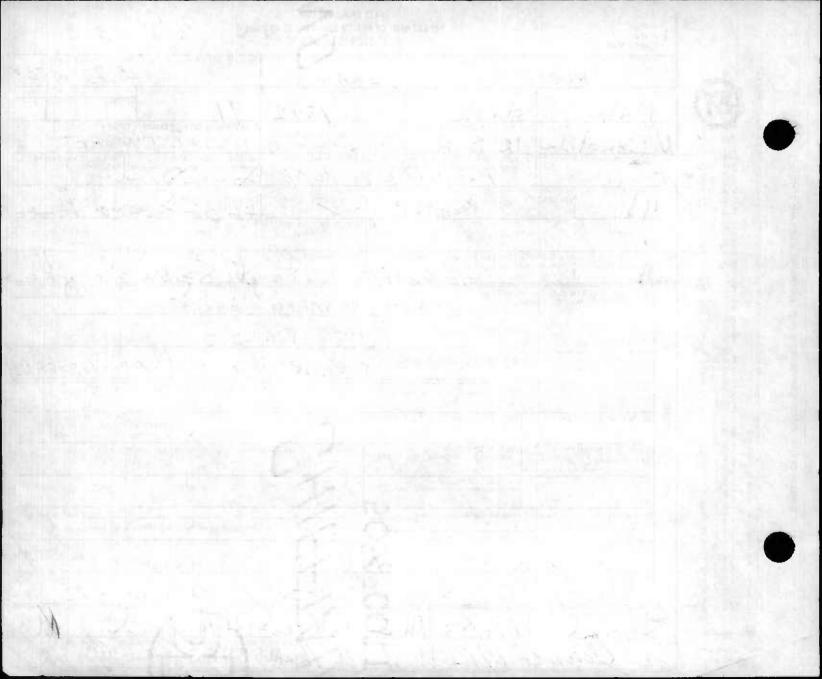
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be

retained by the hospital or attending physician.

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be

STATE OF MARYLAND	
1 - STATE ST	
REG. NO.	
	b. HOUR
/ ITYPE OR PRINTI GILBERT R. GRAY 82483	7:30
The state of the s	IF UNDER 24
MALE Black 24 19 64 YRS. MONTHS DAYS	HOURS
TA PRIVING A COUNTY OF DEATH	-
COUNTRY) MARRIED NEVER MARRIED	
Maryland U.S.A. WIDOWED DIVORCED DA HIMORE CITY  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 125, KIND OF	
(IF NOT IN SUCH PACKITY, GRESTREET ADDRESS)	DO3114E3
(1+4- DA) to, UNIVERSITY OF M. Shock Traina	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE   130. COUNTY   130. CITX OR TOWN   13d. INSIDE CITX/LIMITS?   13a. STREET ADDRESS.	5
Balto. YES BY NO 3427 Spelman K	d.
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
JAMES MIDDLE GRAY Ethel Watk	ins
30.7	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
214 14 03042611106 0147 0157 0161 1104	M-INMO
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	ISET AND DE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest	
880 9 DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	
gave rise to immediate	
cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause last.	
(c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN WE PART 110	-
Closed Head Juny Heur Horax Seizure Discrete 190. Date of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? WE FINDING CAUSES OF YES NO YES	den
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES C	
YES NO YES	NO 🗌
216. ACCIDENT WAS UNDERLYING X 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH BAY YEAR FALL FOR STAIRS	
+ /10	
WHILE WHILE NOT WHILE AT WORK IN A WORK A WO	nd 21
AT WORK A WORK A WANKNOWN	
22a.1 certify that (1) (this hospital) attended the deceased from 8/13, 19 03, to 8/24 19 82.	ot (I) (we
sow the deceosed alive on 3/24 19 8 2, and that in (my) (aur) opinion death accurred an the date and haur and from the co	ouses state
JTE SIGNATURE DEGREE	ICNED!
ATTENDING MEDICAL STAFF	4/8.
274 PHYSICIAN'S NAME (IV COMMO) 220 ADDRESS	1
The state of the s	
DE LOSMA III	
THOMAS J- CSPOSITO	
236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. LOCATION COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY SPECIAL DATE 236. NAME OF CEMETERY COUNT	M A <sup>STAI</sup>
230. BURIAL, CREMATION, REMOVAL 23b DATE 8/29/83 Cedar Hill Cem. 23d LOCATION GIERDURIAL COUNTY	M d <sup>STAT</sup>
236. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY 236. DATE COUNTY 8/29/83 Cedar Hill Cem. 236. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wm C March F/H Inc. 1101 DADDRESS North Avenue	M d <sup>STAI</sup>

DHMH - 16 50M 4/E (VRA 15, 4)

retained by the haspital or attending physician.

Will Street on Committee of the Committe

STATE OF MARYLAND

1 - FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL H	YGIENE 3	REG. NO.	0 9	9	2
DECEASED NAME (TYPE OR PRINT)	LEN		LENORA)	GR	AY	AUG1	0, 02,	1983		26. HOUR P 8:50 M
SEX Female		4. RACE Whit	e	S. DATE C	DF BIRTH 425, 1916 YEAR		66		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
o. BIRTHPLACE (STATE OF COUNTRY)		76. CITIZEN OF	.A.	8. MARRIE WIDOWE	D NEVER MARRIED	_ B	ORE CITY OR ALTIMO			MD.
BALTIMOR			HOSPITAL, NURSIN HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	TYPE OF WO	LOCCUPATION ORK FOR MOST OF V		126. KIND O INDUSTRY	F BUSINESS OR
JSUAL RESIDENCE (IF NUI 30. STATE Maryland	13b COUN HOWA		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Columbia		13d. INSIDE CITY LIMITS		TADDRESS	clood	RD 21	1045
late Geor	ge W M	orgret	LAST	Ę	15. MOTHER'S MAIDEN	Lola Ma	MIDDLE		LAS	T
(YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216 48 9		Mr Joe Gra	y 5666	Water		Colum	nbia 2104
Conditions, if on gove rise to in couse (a), statunderlying cause	IMMEDIAT y, which nmediate ing the	DUE TO, O	RAS A CONSEQUE	ence of	navy arres	+				MATE INTERVAL ONSET AND DEATH UTES
NO 190. DATE OF OPER		19b. ÇOND	ITION FOR WHICH	OPERATIO	NOT RELATED TO THE TE		TOPSY?	20b. IF YES, V	VERE FINDIN	
T 28  21a. ACCIDENT WAS UI OR CONTRIBUTING  4 FEITHER NOTIFY ME  21d. INJURY OCCU WHILE NOTIFY	CAUSE OF DEA DICAL EXAMINER RRED	21b. TIME C HOUR A P. 21e. PLACE	M. MONTH DA	AY YEAR	216. HOW INJURY OCC	YES TA	NO NATURE OF INJURY	YES		NO STATE
AT WORK AT W	ORK	toll attended th	e decensed from	7/	25 10 8	3 10	919	10	83	that (I) wellast

the deceased alive on 8/9 at 8 PM
ve, (1) we) (did) (did not) view the body after death

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) our apinion death occurred on the date and hour and from the causes stated

WOLFE

22c. DATE SIGNED 9 8

Susan

23b. DATE

Sohns 23c. NAME OF CEMETERY OR CREMATORY

600

22e. ADDRESS

-BALTO. ST Hospi 23d LOCATION CITY OR TOWN

Maryland

Burial 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Harry H Witzke 4112 ColumbiaRd Ellicott City

Aug 13'83

St John Luthern Howard Mary

250, DATE REC'D. BY REGISTRARY SS. REGISTRARY SIGNATURE

Ellicott City AUG 1 1 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

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BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, ar ather traumotic event, th

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

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V227 430		X =	.A.a.D	15	ппе
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rico ED Solumbia 2104	v jobó Kate	'47 Mr Joe Graj	216 45 97		oli.
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		6	N SSR SP		
			1 44		
Lovard Paryland		name and anot a	c	u. Li	liu
The state of the s		licott City	JoiumbiaRd El	take 4112	Harry H Wi

#### STATE OF MARYLAND FOR - STATE

William C. March F/H 1101 E. North Ave

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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20.00	-		. 7	

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.				
	CEASED NAME	FIRST	٨	AIDDLE		AST		20 DATE OF DEATH		DAY YEA	R 7	b HOUR	2
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4 700	1-111	16		anche	5	ray			0			1 1	W
1 SE)		14.	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DA		HOURS N	AIN
1	emale		Black		WONT.	11	1907	76	YRS.				
7a. B1	RTHPLACE ISTATE OF	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY				9. BALTIMORE CITY		Y OF DEATH			
	118	77	U.S	- A		D   NEVER		DIL		0.1			
00 00	TY OR TOWN OF DEA	ATH 11		OSPITAL, NURS	WIDOWE		IVORCED [		مومو	LIY	0.05	DIVER IF CC	MD.
				H FACILITY, GIVE STRE		. I	3	12a USUAL OCCUPA (TYPE OF WORK FOR MOS				BUSINESS	OK
	Bath more		atamo	Hero	unse.	NSG. (	enter	Domes	tic.		-		
	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION.	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE	TTV LIMITES	13a STREET ADDRES	Apt	1910	21	201	
1107	M.	130 0001471		LL III.		YES D	NO []	136 STREET ADDRES	Prop	101	-00	+	
14 FA	THER'S NAME			- CAUTTY	Large	_~	S MAIDEN NAM	AF.	E1116	2011	16.6		_
	C FIRST	MIDI	DLE	LAST		10	ROS ROS	ella MIDDLE			LAST		
	CHOEST		-	Johnson	0	(1)	MOV	ELEN	) (	Jacks	ON		
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	CURITY NO.	17 INFORM	ANT	ADI	RESS				
	No	(IF ICS, GIVE W	AN OR DATES	21207	4911	Char	lotte 1	Price 60	1 N.	Glove	r	St	
	IA CALICE OF DEAT	11.6											
	PART I. DEATH W	AS CAUSED B	Y:	line, for (o), (b), o	na (c)	hula	1. 611	1111	0	BETWE	ENON	SET AND DEA	TH
	17110	IMMEDIATE C	AUSE (o)	MIN	MA	1001	Marga	y acce	45				
110	1147		DUE TO, OR	AS A COMSEQU	UENCE OF			1 21	0	/			
	Conditions, if ony,		(b)	multos	tati	0 6	Ancek	9/401	Siens	1 1			
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	underlying cause		DUE 10, OK	AS A CONSEQU	UENCE OF								
	DART 2 OTHER SICK	LIEICANIT CON	(c)	NA IZ DIDUKTALO YO	DEATHBUT	NOT DELLARE							
Z	PART 2 OTHER SIGN	VIFICANT CON	adirions <u>cc</u>	NI KIBUTING TO	DEATH BUT	NOT RELATEL	O TO THE TERMI	INAL DISEASE OR CO	INDITION GI	VEN IN PART	110		
Tio													
CA	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FIN			
TIF		*	1.162					YES NO		ES []		NO 🗍	
CERTIFICATION	210. ACCIDENT WAS UND	DERLYING -	216. TIME 24	NJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART	2)		
	OR CONTRIBUTING		9 200	MONTH I	. 1 6.								
DIC	(IF EITHER NOTIFY MEDI		Zie PLACE C		198-	21f. LOCATION	ON . 6						
MEDICAL	WHILE   NOT WH		INTHONE SING		dim it!	STREE"		1 11 CYTOR	TOWN 1	COUNTY	n.	STATE	
	AT WORK AT WO	RK L	Xafah	411111111111111111111111111111111111111	W. HT	1 140	U. La	fayour So	4/6.11	19 0	21	217	
	77x I certify that (f)	this hospital)	attended the	deceased from	(8)	D	. 19 5 3	1.do 181	18	1983	the	ot (I) (we) I	lost
	sow the decease above Th (we) is	d plife on	1400	U19	or or	d that in (my)	(our) opinian d	eath occurred on the	date and ha	ur and from t	he car	uses stoted	
	77k SIGNATURE	/ / I I	ew time body	the bear		DEGREE		-		22c D/A	TE SIG	GNED	_
	1100/	les	~	1	-		ATTENDING _	MEDICAL ST	AFF	0//	0/	()	
301	274 PHYSICIAN'S NO	J. C		1.00				DIRECTOR   PHY	ICIAN []	10/1	0/	13	
	214 PHYSIGNAN S PL	ONE THE COPE	10	4.0		22e ADDRES	5	(1)	10 8	11'	201	212-11	>
	121	COYC	VI	MA		1353	1 .761	DE Q M	17 /De	Mt6,1	10	14	
	URIAL, CREMATION,	REMOVAL	DATE	1 230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION					
(:	Burial		8/22	/83 Mt	t Aub	irn C	motor	CITY OR TOWN	No. 45	COUNTY		STATE	
24 FU	INERAL DIRECTOR	V	0/22	VOS IMI	L AUDI	urii Ce	250 DATE	V Baltim	AR 25h G	BARE Q	Ca	elvIC.	
	llimam C.	March	F/ti	110 ADDRESS	N7	hl. 3	All	G 2 2 1083	100	more of the same	- Com		
		LICE CI	1/11	TIOI E	· MOL	th Ave	HU	0 - 2 200	0				

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled wiwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ony injury, or other troumotic event, the medical

MPORTANT: If Item 21 is morked or Item 18 shows

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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		TATE		ME	DICAL EXA	MINER'S	CERTIFI	CATE	OF DEA	TH "	REG. NO	).	1		
1		EASED NAM	AE FIRST		WIDDLE		LAST			20. DATE	KNOWN X	MONTH	DAY	YE AR	2b. HOUR
		OR PRINT)	Lisa	Marie			Gray				ESTI-	8 MONTH	30 19		M
	3. SEX	emale	4 RACE White	July 5,	L973 10	(IN YEARS IF BIRTHDAY) MC YRS.	UNDER TYR.	HOURS	MIN,	PRONOU DEA	D D	8	30 19	83	7:50 p: M
5	70. BIR	THPLACE (	STATE OR	76. CITIZEN OF W			RRIED   NI	VER MARI	RIED 1		morecity o timore	-		TH	MD.
5	В	y or town	ore	South	SPITAL, NURSING ACILITY, GIVE STREET ADD Baltimore	Gene				MOST OF WO	JPATION (TYPE DRKING LIFE)	OF WORK	12b. KIND OR IN	OF BUS	INESS
	USUAI 130 ST	ATE Mar	yland 136. COL	AE OR OTHER INSTITUTION, G JNTY	13c CITY OR TO Baltim		13d. INSIDE YES 🛣	CITY LIMITS?		EET ADDR	ESS <b>Elmtre</b>	e St.	212	226	
96		THER'S NAM	ne Gray		LAST			FIRST	Eva		MIDDLE ADDRESS		LAST		
		AS DECEASI S, NO, OR UNKN	ED EVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)	16b SOCIAL SE	CURITY NO.	Way	mant ne Gr			Elmtre	ST	212	226	
		Conditions of the course (course (cour	EATH WAS CAU	DUE TO, OI	e for (0), (b), and (0) Multiple R AS A CONSEQUE R AS A CONSEQUE	Guns ENCE OF	hot Wou	unds					APPROBETWEE	DXMATE II N ONSET	NTERVAL AND DEATH
	NOI			NS CONTRIRUTING TO DEATH					PART 1 (a),						
	I FICAT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUT	OPSY?	NO [		
2	MEDICAL CERTIFICATION	UNDERLYIN CONTRIBUT	OCCURRED	OF DEATH ? P./	M. MONTH DAY	YEAR 19 83 OME, 21f.	SUD JEC	t was	shot	CITY OR T		co	DUNTY		STATE
	/	220. I cer deoth resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	New DRINT) D	erge of the remains de atural courses Dennis F. S	Smyth, M.I	h Th	Homess ADDRESS.	Inspecticide XX	Under	Inquir termined r DICAL EXA	monner	Mar d in my o DATE SIGN	pinion	-31 -	83
	(5)	Bur		Sept 2, 1		n Have	n OR CREMA		CITY		burnie		yland		ΥE
		NERAL DIRE		112 Column	ia Rd El	licott	City	250. DATE		4002	RAR 256 REGI	Q.	Cala		

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Harry H Mitzle 4112 Columbia to Elikoott City

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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page 3

may be

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR			ICATE OF DEATH	REG. NO				
I. DE	ECEASED NAME FIRST	e J.	Gr	a y	Aug. 15,		YEAR	12:3	
3 SE				6. AGE (IN YEARS LAST BIRTI		FUNDER TYEAR IF UNDER 24			
F	emale	Black	Oct	. 14, 1894	88	YRS.	THS CAYS	HOURS	
C	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIEI WIDOWE	DINEVER MARRIED DINORCED	Baltimore City o	_	DEATH		
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	rsing home corress) Co	enter	12a. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Laundry	WORKING LIFE)	INDUSTRY	F BUSINESS	
13a S	JAL RESIDENCE (# NURSING HOME C STATE Maryland	OF OTHER INSTITUTION, GIVE RESIDENCE B INTY 13c CITY OR T		134. INSIDE CITY LIMITS? YES NO	303 Dias	Drive	6	0009	
14 F/	ATHER'S NAME unknown	MIDDLE LAST		IS MOTHER'S MAIDEN NA FIRST Esthe:		М	iner	ī	
(	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (# YES, GIV	VE WAR OR DATES!	ECURITY NO 05 953	17 INFORMANT  Raymond	ADDRE L. Gray-so		Dias	Dri	
11 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  Unemia									
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				10	days	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206. IF YES, N								
TION									
RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH		N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED	
CAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH	IICH OPERATIOI		200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?	
MEDICAL CERTIFICATION	190 DATE OF OPERATION  218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WH	DAY YEAR 19 ICE, FARM, ETC.)	21c HOW INJURY OCCUR!	200 AUTOPSY? YES NO X	20b. IF YES, WIN CERTIFYIN YES YIN ITEM 18, PART I	ERE FINDING CAUSES	NGS USED OF DEATH?	
	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22a. I certify that (I) (this hasps saw the deceased alive as	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 EKE, FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCUR!	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR  CITY OR TOW	200. IF YES, WIN CERTIFYIN YES TO THE MIST PART I	ERE FINDING CAUSES  OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE	
	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# ETHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (this hasp saw the deceased alive as above. (I) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 INCE, FARM, ETC.)  SE 9 83 an	216 HOW INJURY OCCURI 211 LOCATION STREET  19  7  d that in (my) (aur) apinian  PEGREE  ATTENDING  PHYSICIAN	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES TO THE TEN 18, PART I	ERE FINDING CAUSES  OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE	
	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  27a. I certify that (I) (this hasp saw the deceased alive as above, (I) (we) (did) (did in 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF A UG.  21 view the body ofter death.	DAY YEAR 19 FICE, FARM, ETC.)  SE 9 83 an	216 HOW INJURY OCCUR!  211 LOCATION STREET  214 that in (my) (aur) aprinian DEGREE  ATTENDING DHYSICIAN  226 ADDRESS	280 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR  CITY OR TOW  7, 10 Aug.  death accurred on the do	206. IF YES, WIN CERTIFYIN YES  YIN ITEM 18, PART I	ERE FINDING CAUSES  OR PART 2   COUNTY  83  d from the	STATE  that (I) (32) causes stated  SIGNED	

DHMH-16 25M (VRA 15, 4) 1/79

Black to. b. 1 C .5. 101, .5. February Belt Contest Thunder of e ev. to a little state of inslurs. THOSE STATE er er er ever all persons of house state of SE S LI O ELL 3 31 1 Se t. 77 10g. 1, 83 1 a. di. 19.3 - Elimiten a titemel Josephary Etlington, Stephent Funda Line e- 100 Pending Lees, 12 ATE 20 ES- 26 Constant

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN S CERTIFICATE OF DEATH

20996

		REGISTRAR		CERTIF	ICATE OF DEATH	RE	EG. NO.	, ,	
		CEASED NAME CORPRINT)	ie MOOLE	Gra	y	20. DATE OF DEA	lug 9	1985 2b	HOUR
	3. SE	Male	Black	S. DATE C	PAIRTH CY 16 19 13	A AGE IN YEARS	AST RATHMAN) YRS		ONDER TA HIEL.
	IE S	De Carolina	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED	R	TTY OR COUNTY	Cety	MD.
All Control	10 C	Belto	11. NAME OF HOSPITAL, N (IENOT IN SUCH FACILITY, GIVE	LO ST	opt 600	12a USUAL OCCI	UPATION WOST OF WORKING LIFE)	126. KIND OF B	USINESS OR
The state of the s	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		E BEFORE ADMISSION) R TOWNS	13d. INSIDE CITY LIMITS	1300	Lonra	le St	23
DI	)	Will	MIDDLE DE	ay	15 MOTHER'S MAIDEN	a MIC		Me	el
e medica		MAS DECEASED EVER IN U.S. ARI YES. NO ORUNKNOWN) (IF YES. GIV	MED FORCES? E WAR OR DATES)	SECURITY NO.	Hazel	Shay 1	1300 8 L	avale	St.
event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	ly one couse per tipe for (a), ( D BY: E CAUSE (a)	(b) ond (c).)	spirato	Arre	st	BETWEEN ONS	E INTERVAL ET AND DEATH
raumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF	static ga	stric Ca	reineme	- 6 m	withs
ar ather 1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON-	1 1.	2				
y injury,	TION	PART 2. OTHER SIGNIFICANT C							
No sou	CERTIFICATION	February 198		VHICH OPERATIO		YES NO	IN CERTIFY YES		USED DEATH?
Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE C	F INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
arked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C		211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
m 21 is m		220.1 certify that (I) (this hospin saw the deceased alive an above, II will and the na	8-6-	19_ <b>83</b> , ja	nd that in (my) (our) opini	on death occurred on	the date and hour	and from the cou	
Z. —		2. m.s	lenn	M	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [	S-1	1-83
MPORTANI		22d. PHYSICIAN'S NAME (TYPE OF	Flenn		Johns H	epKins Ov	cobsyl	enter, 1	Baltimore
	230-1	SURVAL, CREMATION, REMOVAL	Celly 13, 1983	Ball	La. Bremator	Pa	eta.	ad.	STATE
80	L	the fundl	tonne 1308	7. Cen	troate "	AUG 12 198	JBAR 256. REGISTR	AR'S SIGNATURE	melf

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital ar attending physician.

TO HOSPITAL

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